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PROGRESS REPORT ON FOLLOW-UP TO THE WORLD SUMMIT FOR CHILDREN

SUMMARY

Paragraph 35 (v) of the Plan of Action endorsed by the World Summit for Children in 1990 requested the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of the implementation of the Declaration and Plan of Action at their regular sessions. This is the Executive Director's sixth annual progress report on follow-up to the Summit. It covers the year 1996 and is the first since the formal review carried out at mid-decade, which was the subject of a report by the Secretary-General to the General Assembly at its fifty-first session.

* E/ICEF/1997/13.

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INTRODUCTION

1. The World Summit for Children, held at United Nations Headquarters on 29-30 September 1990, adopted the Declaration on the Survival, Protection and Development of Children and endorsed a Plan of Action for its implementation. Both the Executive Board (E/ICEF/1991/12, decision 1991/10) and the General Assembly (resolution 45/217 of 21 November 1990) welcomed the adoption of the Declaration and Plan of Action and urged all States and other members of the international community to work for the achievement of the goals endorsed therein.

2. National programmes of action (NPAs) have been developed to transform promises made in the Summit Declaration into meaningful action at national and subnational levels. At the end of 1996, 167 countries had signed the Declaration and 155 had finalized or were in the process of finalizing their NPAs. Some 50 countries have formulated subnational programmes of action and a further 26 are planning to do so. It is significant that six years after the Summit, the process of preparing subnational programmes of action for children continues as a means of assessing and improving the situation of children.

3. Paragraph 35 (v) of the Plan of Action requested "the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of implementation of the Declaration and Plan of Action at their regular sessions". The Executive Director has submitted an annual progress report on follow-up to the World Summit for Children to the Executive Board since 1991.

4. Paragraph 35 (iv) of the Plan of Action requested the Secretary-General to arrange a mid-decade review, at all appropriate levels, of progress being made towards implementation of the commitments of the Declaration and Plan of Action. Based on inputs received from the national reviews as well as from technical reviews by the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy and the United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF Joint Committee on Education, the Secretary-General presented his progress report (A/51/256) on 30 September 1996.

5. This sixth annual report to the Executive Board on follow-up to the World Summit for Children provides an updated summary of progress at mid-decade and highlights the major challenges that remain for the fulfillment of the goals for the year 2000. It attempts to capture the complementarity between the implementation of the global goals and the realization of the rights recognized by the Convention on the Rights of the Child (now ratified by all but three countries in the world (see annex)). The report also provides information on the cost of supporting the mid-decade review to UNICEF and its country programmes, as requested by the Board in decision 1995/14 (E/ICEF/1995/9/Rev.1). Finally, it describes a number of proposed next steps towards the achievement of the Summit goals by the year 2000 and a draft recommendation for consideration by the Executive Board.

I. PROGRESS TOWARDS ACHIEVEMENT OF THE GOALS FOR CHILDREN

6. The mid-decade review was carried out by many Governments in collaboration with non-governmental organizations (NGOs), civil society partners and United Nations agencies, using a variety of formats. Formal mid-decade reviews were

organized in 35 countries. Another 63 countries conducted their reviews in conjunction with the annual or mid-term review of the UNICEF country programme or during the preparation of a new country programme. UNICEF, as the lead United Nations agency for children, supported the national reviews. Regional reviews also took place in 1995 and 1996. Figure 1 below describes the major activities of the mid-decade review.

Figure 1

Major mid-decade review activities, 1995-1996

A. National mid-decade reviews in 98 countries

B. Regional mid-decade reviews:

- Third East Asia and Pacific Ministerial Consultation on the Goals for Children and Development to the Year 2000, Hanoi, Viet Nam, 13-16 November, 1995
- Third Ministerial Meeting on Children and Social Policy in the Americas, Santiago de Chile, 8-9 August, 1996
- South Asian Association for Regional Cooperation Conference on Children, Rawalpindi, India, 20 August, 1996

C. Global reviews:

- UNICEF/WHO Joint Committee on Health Policy, May 1996
- UNESCO Mid-Decade Meeting of the International Consultative Forum on Education for All, Amman, Jordan, June 1996

D. General Assembly:

- Release of mid-decade review report by the Secretary-General, with participation of representatives of the six countries that initiated the World Summit for Children, 30 September 1996
- Introduction of Secretary-General's report and debate by the General Assembly, October 1996
- Adoption of General Assembly resolution 51/186 on mid-decade review, 16 December 1996

A. Multiple indicator cluster surveys

7. In collaboration with UNESCO, WHO, the United States Centers for Disease Control and Prevention and a number of institutions in developing and industrialized countries, UNICEF developed the multiple indicator cluster survey (MICS) methodology for the purpose of obtaining data for monitoring progress towards the mid-decade goals. By May 1996, 20 countries had reported

goal-by-goal achievement on the basis of the surveys and by end-December 1996, 15 more countries had completed survey results and reports.

8. A total of 64 countries undertook stand-alone MICS and 24 countries added MICS modules to existing surveys. Reports have not yet been received from all countries. In 21 countries, national surveys were undertaken without using MICS. In the other countries, data was collected mainly through routine reporting systems, which may not be as reliable or up to date as those obtained from the systematic survey methodology. Information regarding the development and implementation of MICS is presented in figure 2 below.

Figure 2

Development of multiple indicator cluster survey methodology

1991-1993:	Global inter-agency consensus on goals and indicators.
1993-1994:	Development of and agreement on MICS methodology. Publication of manual on MICS.
1994-1995:	One multi-country and four regional training seminars held for planning and implementing MICS.
1995-1996:	64 countries undertook stand-alone MICS. 24 countries used selected modules in other surveys (add-on).
1997:	Proposed evaluation of MICS methodology and implementation.

9. UNICEF provided financial support for the national mid-decade reviews primarily for the collection, analysis and reporting of data provided through MICS. The cost of conducting MICS varies considerably, depending on the sample size, population density, the operational approach, the number and type of modules used in the survey and the capacity for implementing surveys at national and subnational levels. Based on reports from the 64 countries that conducted stand-alone MICS, the average cost of the surveys was approximately $85,000. The major cost categories were field work (52 per cent), technical assistance (16 per cent), training (12 per cent) and data entry and analysis (9 per cent). The average cost of MICS is relatively low compared to the cost of socio-economic household surveys of a similar size and scope. The costs of a demographic and health survey and a priority survey are often much higher than the cost of MICS. In large part, the costs of MICS were covered by UNICEF country programmes as part of support to national capacity-building for statistical generation and use of data. Most of the remaining costs were met by national Governments, with some donors also contributing to the process.

B. Overview of progress at mid-decade

10. The Secretary-General's report indicates that there has been major progress towards most mid-decade goals in most countries. Based on routine reports and special surveys, it is estimated that over 80 per cent of the world's children are now covered by immunization services, and some countries have already reached or surpassed the goal of 90 per cent immunization set for

the year 2000. However, routine administrative reporting systems are not always reliable and sometimes lead to overestimations. Major progress was made towards the elimination of neonatal tetanus, with nearly two thirds of the expected deaths associated with neonatal tetanus now being prevented. The reduction in measles mortality and morbidity has been remarkable in recent years, to the extent that nearly 75 per cent of measles cases and 85 per cent of measles deaths that would have occurred in 1995 without immunization are being averted. Of 88 developing countries where bacterial pneumonia is common, 59 have started active programmes to control acute respiratory infections (ARI). Oral rehydration therapy is now being used to prevent dehydration and death in the vast majority of diarrhoea cases.

11. Polio and dracunculiasis (guinea worm disease) are on the verge of eradication. National programmes to eradicate dracunculiasis have reduced its incidence by an estimated 97 per cent and thousands of villages in the most endemic countries are now free of the debilitating disease. According to WHO, the number of polio cases decreased by 83 per cent between 1988 and 1995. The support provided by Rotary International and its affiliates to eradicate polio and the Carter Center/Global 2000 to eradicate dracunculiasis are worthy of special mention. Over 10,000 hospitals and maternity facilities in more than 100 countries are now officially designated as "baby-friendly". Hospitals and maternity facilities achieve this status when they successfully comply with the UNICEF/WHO global criteria and do not accept, use or distribute free and low-cost supplies of breast-milk substitutes. Since 1990, almost all countries where iodine deficiency disorders (IDD) are a public health problem have initiated salt iodization programmes. An additional 1.5 billion people have begun to consume iodized salt, protecting around 12 million infants each year from brain damage, the world's leading cause of preventable mental retardation. Severe forms of vitamin A deficiency, including blindness, have declined markedly in many countries through large-scale supplementation programmes. There was global progress towards the goal for access to safe water, owing to remarkable achievements in Asia. Overall, these efforts have contributed substantially to the estimated 1 million fewer child deaths that occurred in 1995 as compared to 1990.

12. Above all, there is now a greater recognition of children's rights. With universal ratification of the Convention on the Rights of the Child one of the mid-decade goals, by the end of 1995, 187 out of 193 countries had ratified it. By February 1997 it had been ratified by 190 countries. The Convention has become the most widely accepted human rights treaty in history.

13. This reality shows that more progress is being made for the world's children than ever before. However, had all mid-decade goals been achieved in all countries and communities, the situation of children would have improved more decisively in 1995. Indeed, as the Secretary-General's report highlighted, there has been limited progress on some of the goals for the year 2000, particularly regarding child mortality, malnutrition, maternal mortality, basic education and sanitation (see chapter II below).

C. Lessons learned

14. The establishment of time-bound and measurable goals by the World Summit for Children was a pioneering endeavour, designed not only to mobilize resources and commitment, but to help shape programmes of activity and give them clear aims and directions.

15. The goals have had an extraordinary mobilizing power, generating a renewed level of activity on behalf of children around the world and creating new partnerships between Governments, international organizations, the private sector, donors, the media, NGOs and other actors in civil society in pursuit of a common purpose.

16. The broad ownership of the children's agenda, which evolved through a process of extensive consultations and consensus-building, was an important element of its acceptance and translation into action. Of particular importance was the process whereby the agenda was taken up by Governments, especially in the developing world, and given expression in NPAs and subnational programmes of action at state, provincial, district and municipal levels in many countries.

17. Analysis of the data highlighted regional, national and local diversity in progress. Countries and regions face very different challenges in meeting the goals set at the global level, given their historical backgrounds, different levels of development, existing capacities and other initial conditions. There is clearly a need for prioritization of the goals to suit local realities.

18. Community participation has been vital to achieving progress. In many contexts, the mobilization of communities behind a goal and the strategy for implementing a programme to reach the goal has been the critical ingredient of success. This lesson was amply demonstrated during the push for universal child immunization in the late 1980s and has been reinforced during the 1990s through efforts on a wider range of social fronts, such as the control of dracunculiasis, the eradication of polio and the promotion of breast-feeding.

19. One of the important achievements associated with the follow-up to the World Summit for Children has been the work generated in connection with measurement of progress. Setting measurable goals demanded a commensurate effort to establish effective systems of data collection and use, especially on children, presented in a disaggregated manner. The past five years have revealed shortcomings in these areas. Through the MICS methodology and other efforts to improve data collection and analysis, national Governments and the international community are now in a better position to establish baseline data and monitor progress.

20. In sum, the mid-decade review shows that when political commitment is present, adequate resources are allocated, communities are mobilized and sound policies and programmes are implemented, notable progress can be achieved.

II. REMAINING CHALLENGES FOR THE YEAR 2000

21. The mid-decade review has been forthright in acknowledging that limited progress has been achieved with regard to some of the key indicators for the well-being of children and women. They include basic education, maternal mortality, malnutrition, sanitation and under-five mortality.

A. Basic education

22. An estimated 140 million primary school-age children, of whom about 60 per cent are girls, do not attend school, Drop-out rates remain high and reduction in gender disparity has been slow. Enrolment, particularly among girls, will have to accelerate if the end-decade goal is to be met.

23. The available data do not allow to measure progress vis-à-vis the goal of universal access to basic education and the achievement of primary education by at least 80 per cent of all children. Enrolment only tells part of the story. Many children do not stay in school until they have a minimum level of education (grade 5). In the East Asia and Pacific and Middle East and North Africa regions, around 90 per cent of those who start school complete four years of primary education, but only 75 per cent do so in Latin America and the Caribbean and around 60 per cent in sub-Saharan Africa and South Asia. Such high drop-out rates indicate that achieving basic education for at least 80 per cent of primary school-age children by the year 2000 will be very challenging in these two regions. Latin America will also have to accelerate its pace of progress if it is to meet the end-decade goal.

24. Monitoring of progress in basic education is thwarted by weak data. One third of the countries in the developing world do not report net primary school enrolment to UNESCO, the primary source of educational data at the international level. For countries that do report their educational statistics, the data either refer to a situation several years in the past or are based on administrative reports that often tend to overestimate enrolment. Data regarding the proportion of children starting grade 1 at the recommended age, and the percentage reaching grade 5, remain difficult to obtain.

25. Gender disparities in terms of access to and completion of primary education need to be reduced and eliminated. This will be particularly challenging in South Asia, as well as in sub-Saharan Africa and the Middle East and North Africa. Increasing completion will also require improvements in the quality of primary education, which will necessitate more learning materials, better teacher training and more community involvement in school management.

B. Maternal mortality

26. New data show that in 1990, there were some 585,000 maternal deaths, implying that pregnancy-related mortality has been seriously underestimated in the past. The maternal mortality ratio is highest in sub-Saharan Africa and in South Asia. Most of the deaths are due to five direct obstetric causes: haemorrhage, sepsis, eclampsia, obstructed labour and unsafe abortion. Approximately 20 per cent of pregnancy-related deaths in developing countries are associated with such conditions as anaemia, malnutrition and malaria. Progress towards the goal according to any measurable definition is unknown, but there is no evidence to suggest that significant progress has been achieved.

27. The recent impetus gained by the women's cause at national level and in international forums has been reflected in the heightened attention to reproductive health in general and maternal mortality in particular. As a priority, actions must be taken within the primary and secondary health care systems to strengthen further pregnancy-related services for all women, and to improve access to emergency clinical care for obstetric complications. Guidelines have been developed to measure progress in improving the coverage and use of obstetric services. Safe motherhood interventions must be designed so as to integrate family planning, nutrition, prenatal care, delivery and post-partum care, and reproductive health workers must be trained accordingly. The objective is to ensure a continuum of care throughout women's lives.

28. Information, education and communication activities need to be targeted not only to women, but also to men and those in the community whose attitudes

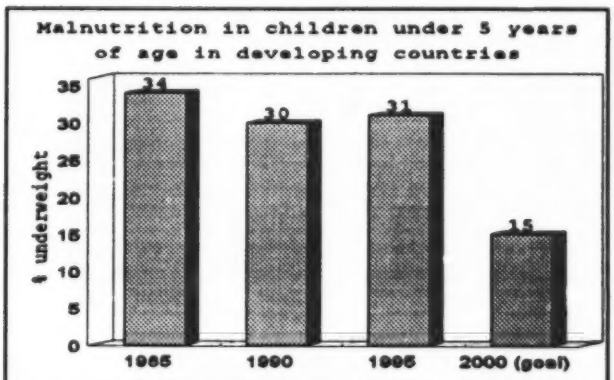
and actions can influence behaviour, including organizing transport in emergencies.

C. Child malnutrition

29. In 1995, an estimated 174 million children under five years of age in the developing world were malnourished, as indicated by low weight-for-age.

30. While the availability of nutrition data has improved since 1990, it is still difficult to measure change, in part because of the lack of adequate baseline or trend data in many countries. Between 1990 and 1995, the number of countries with reliable data on malnutrition increased from 53 to 97. The best available estimates indicate that 31 per cent of children under five years old in the developing world were underweight in 1995. The goal for the year 2000 is to reduce the 1990 level by half, to 15 per cent. No measurable progress seems to have been made in the first half of the decade, as indicated in figure 3 below.

Figure 3



Source: Adapted from preliminary estimates for the Third Report on the World Nutrition Situation, 1996, Administrative Committee on Coordination, Subcommittee on Nutrition.

31. The global figure masks significant regional differences, although the slow rate of progress is common to all regions. In South Asia, about one half of young children are underweight; in sub-Saharan Africa, the figure is around 31 per cent; in East Asia, 22 per cent; the Middle East and North Africa, 14 per cent; and the Americas and the Caribbean, 8 per cent. In sub-Saharan Africa and South Asia, the number of malnourished children has actually increased in recent years. Particular emphasis will need to be placed on the inter-generational connection between the well-being of women and the nutritional state of children, particularly girls.

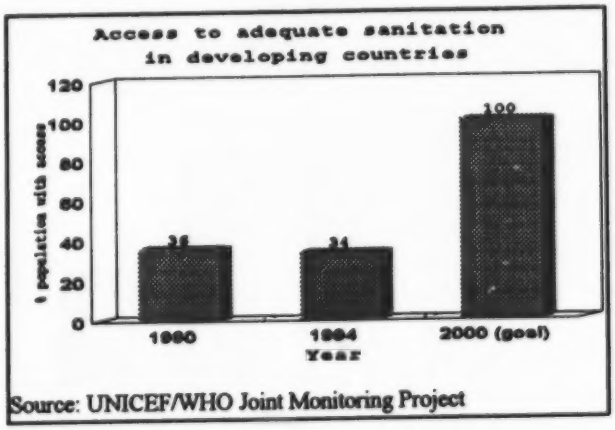
D. Sanitation

32. Analysis of global data clearly shows that sanitation has been neglected since 1990. While the application of tighter definitions as to what constitutes "adequate" sanitation may have had some impact, it is all too clear that investment in sanitation improvements remains a low priority for many Governments and communities.

33. Overall, the coverage of adequate sanitation services declined from 36 to 34 per cent between 1990 and 1994, making the achievement of the end-decade goal more difficult (see figure 4 below). The number of people deemed to be lacking adequate sanitation rose by 274 million in those four years, with coverage falling in both urban and rural areas. At the end of 1994, a mere 18 per cent of rural people could be said to have access to adequate sanitation services, leaving some 2,284 million rural dwellers unserved. A further 589 million urban residents also lack proper sanitation, 146 million more than in 1990. Even in the best performing region of Western Asia, the unserved population increased by 1 million in the four years.

34. In addition to the urgent need to allocate more resources to accelerate programmes in sanitation services, it is critical that greater emphasis be given to low-cost technology, promoting behavioural change in practice of personal hygiene and strengthening community organization and management, if there is to be progress towards the goal of universal access by the year 2000.

Figure 4



Source: UNICEF/WHO Joint Monitoring Project

E. Under-five mortality

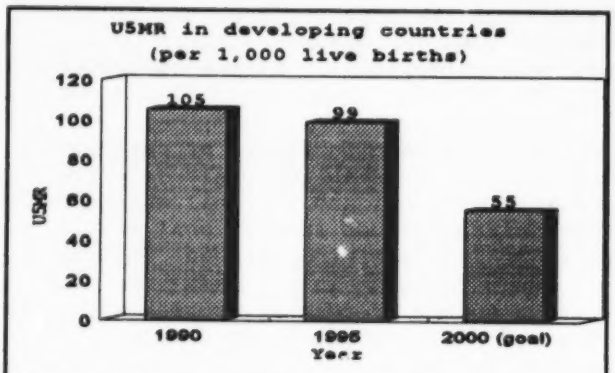
35. While the global reduction in the under-five mortality rate (U5MR) continued in the 1990s, the majority of children live in countries that are not on track to achieve the global goal.

36. Figure 5 below depicts progress in developing countries. It indicates that the reduction in U5MR from 105 per 1,000 live births in 1990 to 99 in 1995 is insufficient to achieve the end-decade goal, which would lower U5MR to an estimated 55 per 1,000 love births in the year 2000. The rate of reduction in U5MR between 1990 and 1995 barely exceeded 1 per cent per year, although a 12 per cent annual reduction will be required between 1995 and 2000 to reach the end-decade goal.

37. Sub-Saharan Africa has the largest shortfall. Between 1990 and 1995, U5MR declined by less than 1 per cent per year, and must decline by 19 per cent per year between 1995 and 2000 to reach the goal. South Asia is the region with the second largest discrepancy. The rate of reduction in U5MR will have to accelerate from 2 to 11 per cent. Together, the two regions account for about 72 per cent of deaths of children under five years of age.

38. Priority attention should be given to sub-Saharan Africa and South Asia. These regions have also achieved relatively modest progress in immunization, diarrhoea and ARI control and nutrition. While continuing to target interventions at the major causes of preventable child mortality, access to effective and integrated treatment of childhood illness in first-level health facilities needs to be expanded.

Figure 5



U5MR for 2000 reflects average child mortality if all countries were to achieve the goal of 70 per 1,000 live births or a one-third reduction of the 1990 level, whichever is less.

Source: UNICEF

III. THE GOALS OF THE WORLD SUMMIT FOR CHILDREN AND THE CONVENTION ON THE RIGHTS OF THE CHILD

39. The goals of the World Summit for Children are a quantitative reflection of the level of realization of children's fundamental social and economic rights. They were formulated after extensive consultations and were developed as an integral part of the fourth United Nations development decade strategy, which sought to position human development at centre stage. The Convention on the Rights of the Child, which is legally binding, has stressed the responsibility of States to ensure and respect the rights of children, making the best interest of the child a priority consideration.

40. The Convention recognizes the rights which are inherent to the dignity of each individual child. Thus, it indicates that it is no longer sufficient to reach the majority of children or to attain a reasonable level of realization of their rights. The formulation of the Summit goals was based on the practical consideration of challenges facing many developing countries. With the near universal ratification of the Convention, States have endorsed the objective of protecting the rights of all children, including those that are not reached by basic social services at present and who often represent the poorest of the poor. This means that even where the goals for the year 2000 are likely to be met, Governments and development partners need to focus special attention on the 20 per cent of the children who will not achieve primary education, the 10 per cent who will not be immunized and the 5.5 per cent who will die before the age of five years.

41. According to the principle of indivisibility, all rights are equally important and no hierarchy should be established between them. This does not, however, mean that there should be no prioritization of activities designed to ensure their realization according to a proper assessment and analysis of children's situation within each setting. In resolution 51/186 of 16 December 1996, on the mid-decade review, the General Assembly called upon Governments and their partners, taking into account lessons learned during the mid-decade reviews, to adjust, refine and prioritize, where necessary, their goals and strategies within the framework of the Declaration and Plan of Action of the Summit and in conformity with the Convention on the Rights of the Child. The Assembly also stressed the need for greater efforts to involve children themselves, in accordance with article 12 of the Convention in all matters affecting them.

42. UNICEF is guided in its action in favour of children by the Convention. In this spirit, UNICEF strives to establish children's rights as enduring ethical principles and international and national standards of behaviour towards children. Many UNICEF country offices and National Committees for UNICEF have already acquired experience in supporting national efforts to ensure the implementation of children's rights. In the past year, for example, the Executive Board approved a number of country programme recommendations that used the Convention as a framework for programme development.

43. According to the Convention, States parties have an obligation to submit periodic reports to the Committee on the Rights of the Child on the national process of implementation of the Convention, two years after ratification and every five years thereafter. By end-February 1997, 101 reports had been submitted to the Committee. Immediate challenges are to consider in an integrated manner the processes of implementing the Convention and the NPAs and to develop suitable indicators to monitor progress in the realization of child rights.

44. UNICEF will continue and strengthen further its cooperation with the Committee on the Rights of the Child in facilitating the national implementation and monitoring process of the Convention, as well as its reporting system.

IV. NEXT STEPS

45. At mid-decade, striking progress has been made in the areas of immunization, control of diarrhoeal diseases, polio, dracunculiasis eradication, IDD control and promotion of breast-feeding. The Convention on the Rights of the Child has been ratified by almost every country in the world. However, progress towards goals concerning child survival, education and nutrition is lagging. In the coming years, while sustaining progress made in the control of preventable diseases, efforts must be intensified to narrow the gap regarding child development. Among the key next steps to achieve the goals for the year 2000 are to:

(a) Strengthen linkages between the Convention and the Summit goals. The creation of a legal framework for the protection of the rights of children was a major gain. The next step is to strengthen further the links between the Convention and the Summit goals. Indicators that will allow the monitoring of progress on the realization of children's rights will need to be developed to cover all the areas identified by the Convention;

(b) Prioritize goals and strategies more closely to local realities. While progress will be measured against the global goals set by the Summit, they must be translated and prioritized in the context of national realities so that each country can identify, implement and report on realistic goals. The development, refining and updating of national and subnational programmes of action helps to translate Summit goals into national realities. To implement NPAs fully, they should be incorporated into national development plans and integrated with government budgetary processes;

(c) Build national capacity. National capacity-building of Governments, local communities, NGOs and other actors in civil society should be enhanced to sustain progress and meet the remaining challenges. At the national level, capacity-building should be strengthened for effective service delivery, the formulation of integrated sectoral plans and the development of systems for routine data collection and analysis. Community participation should be strengthened to assess the local situation, build awareness, set local priorities, manage local service delivery and develop local financing mechanisms. Communities and those belonging to the most disadvantaged groups must be empowered with skills, knowledge and capacity to participate in development as full partners;

(d) Mobilize additional resources. Achieving the Summit goals will require additional resources. UNICEF strongly supports the 20/20 initiative, which calls for the restructuring of both national and foreign aid budgets in favour of basic social services. This initiative provides a practical basis for the mobilization of sufficient financial resources to achieve universal access to basic social services. The Programme of Action of the World Summit for Social Development encourages interested Governments to undertake a mutual commitment to implement the 20/20 initiative. UNICEF participated in a follow-up meeting in Oslo, Norway, in April 1996 and has been designated the lead agency within the United Nations system on the initiative. UNICEF will continue to work towards translating this initiative into a practical reality, for example by supporting countries' efforts to assess government spending on basic social services;

(e) Increase inter-agency coordination, including follow-up to international conferences. UNICEF is full committed to coordination at all levels of the United Nations system. Specific information on follow-up to the international conferences and field-level coordination was presented to the Executive Board at its second regular session of 1997, in the Executive Director's annual report to the Economic and Social Council (E/ICEF/1997/10 (Part I));

(f) Modify the UNICEF system for allocation of general resources. As requested by the Board, the secretariat has been reviewing the system for allocation of general resources and will submit a proposal to modify the system to the Board. The modified system will enable UNICEF to respond better to the challenges facing the least developed countries, particularly in sub-Saharan Africa and South Asia;

(g) Follow-up to General Assembly resolution 51/186 of 16 December 1996. In resolution 51/86, the Assembly decided to convene a special session in 2001 to review achievements of the goals of the World Summit for Children. It requested the Secretary-General to report on the preparations for the special session and on progress on the implementation of the resolution at its

fifty-third session in 1998. UNICEF will support the Secretary-General in this process.

V. RECOMMENDATION

46. The Executive Director recommends that the Executive Board adopt the following draft decision:

The Executive Board

1. Notes with appreciation the progress made towards the mid-decade goals established by the World Summit for Children;

2. Recognizes that achieving the Summit goals will be a major step towards ensuring all children's basic social, economic and cultural rights, and that the Convention on the Rights of the Child provides a framework to ensure that all children's political and civil rights are also guaranteed;

3. Recognizes the enormous challenges ahead to meet the end-decade goals, especially in the areas of under-five and maternal mortality, malnutrition, basic education and sanitation;

4. Urges all Governments, the international community, the private sector, NGOs and other actors in civil society, the media and communities to reaffirm their commitment to children, and to allocate to the maximum extent additional human and financial resources to support the achievement of the Summit goals for the year 2000;

5. Also urges Governments to strengthen further national capacities for the collection and use of relevant and timely data on the situation of children and women, and to identify appropriate indicators to monitor progress in the realization of their rights;

6. Further urges all Governments to adopt appropriate strategies to ensure that the rights of all children are guaranteed, as mandated by the Convention on the Rights of the Child, by modifying where necessary their national and subnational programmes of action;

7. Requests the Executive Director to support the Secretary-General in the implementation of General Assembly resolution 51/186 of 16 December 1996;

8. Also requests the Executive Director to take necessary action, as part of the country programme process, to advocate for and support efforts by national Governments and other actors in civil society to achieve the Summit goals within the framework of national and subnational programmes of action.

Annex

STATUS OF SIGNATURE OF WORLD SUMMIT DECLARATION, NPA PREPARATION AND RATIFICATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD AS OF 26 FEBRUARY 1997

ASIA * 2 ** 4 *** 21	D	C	SUB-SAHARAN AFRICA · 3 ** 8 *** 33	D	C	LATIN AMERICA AND THE CARIBBEAN * 6 ** 3 *** 23	D	C	MIDDLE EAST AND NORTH AFRICA * 1 ** 1 *** 17	D	C	INDUSTRIALIZED COUNTRIES · 1 ** 2 *** 15	D	C
Afghanistan	s	r	· Angola	ns	r	* Antigua and Barbuda	s	r	— Algeria	s	r	Andorra	ns	r
— Bangladesh	s	r	— Benin	s	r	— Argentina	s	r	— Bahrain	ns	r	— Australia	s	r
— Bhutan	s	r	— Botswana	s	r	· Bahamas	ns	r	— Cyprus	ns	r	Austria	s	r
Brunei Darussalam	ns	r	— Burkina Faso	s	r	— Barbados	s	r	— Djibouti	s	r	— Belgium	s	r
Cambodia	s	r	— Burundi	s	r	— Belize	s	r	— Egypt	s	r	— Canada	s	r
— China	s	r	— Cameroon	s	r	— Bolivia	s	r	— Iran (Islamic Republic of)	s	r	— Denmark	s	r
Cook Islands	ns	ns	— Cape Verde	s	r	— Brazil	s	r	· Iraq	ns	r	— Finland	s	r
— Democratic People's Republic of Korea	s	r	— Central African Republic	s	r	— Chile	s	r	— Jordan	s	r	· France	s	r
— Fiji	s	r	— Chad	s	r	— Colombia	s	r	— Kuwait	s	r	— Germany	s	r
— India	s	r	— Comoros	s	r	— Costa Rica	s	r	— Lebanon	s	r	Greece	s	r
— Indonesia	s	r	— Congo	s	r	— Cuba	s	r	— Libyan Arab Jamahiriya	ns	r	— Holy See	s	r
· Kiribati	ns	r	— Côte d'Ivoire	s	r	— Dominica	s	r	— Morocco	s	r	Iceland	s	r
— Lao People's Democratic Republic	s	r	— Equatorial Guinea	s	r	— Dominican Republic	s	r	— Oman	ns	r	Ireland	s	r
— Malaysia	s	r	· Eritrea	s	r	— Ecuador	s	r	— Qatar	s	r	Israel	s	r
— Maldives	s	r	— Ethiopia	s	r	— El Salvador	s	r	— Saudi Arabia	ns	r	— Italy	s	r
— Marshall Islands	s	r	Gabon	s	r	· Grenada	s	r	— Sudan	s	r	— Japan	s	r
— Micronesia (Federated States of)	ns	r	— Gambia	s	r	— Guatemala	s	r	— Syrian Arab Republic	s	r	Luxembourg	s	r
— Mongolia	s	r	— Ghana	s	r	— Guyana	s	r	— Tunisia	s	r	Liechtenstein	s	r
— Myanmar	s	r	— Guinea	s	r	— Haiti	s	r	— United Arab Emirates	ns	r	Malta	ns	r
Nauru	ns	r	— Guinea-Bissau	s	r	— Honduras	s	r	— Yemen	s	r	Monaco	s	r
— Nepal	s	r	— Kenya	s	r	— Jamaica	s	r				— Netherlands	s	r
Niue	ns	r	— Lesotho	s	r	— Mexico	s	r				— New Zealand	s	r
— Pakistan	s	r	— Liberia	s	r	— Nicaragua	s	r				— Norway	s	r
· Papua New Guinea	s	r	— Madagascar	s	r	— Panama	s	r				— Portugal	s	r
— Philippines	s	r	— Malawi	s	r	— Paraguay	s	r				San Marino	ns	r
— Republic of Korea	s	r	— Mali	s	r	— Peru	s	r				— Spain	s	r
Republic of Palau	ns	r	— Mauritania	s	r	· Saint Kitts and Nevis	s	r				— Sweden	s	r
Samoa	s	r	— Mauritius	s	r	— Saint Lucia	s	r				Switzerland	ns	s
— Singapore	ns	r	— Mozambique	s	r	· Saint Vincent and the Grenadines	s	r				— United Kingdom of Great Britain and Northern Ireland	s	r
— Solomon Islands	s	r	— Niger	s	r	· Suriname	s	r				— United States of America	s	s
— Sri Lanka	s	r	— Nigeria	s	r	— Trinidad and Tobago	s	r						
— Thailand	s	r	— Namibia	s	r	— Uruguay	s	r						
Tonga	s	r	— Rwanda	s	r	— Venezuela	s	r						
— Tuvalu	ns	r	— Sao Tome and Principe	s	r									
— Vanuatu	s	r	· Seychelles	ns	r									
— Viet Nam	s	r	— Sierra Leone	s	r									
			Somalia	ns	ns									
			— South Africa	s	r									
			— Swaziland	s	r									
			— Togo	s	r									
			— Uganda	s	r									
			— United Republic of Tanzania	s	r									
			— Zaire	s	r									
			— Zambia	s	r									
			— Zimbabwe	s	r									

CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES

*12 **1 *** 2

			Kyrgyzstan	s	r
· Albania	s	r	Latvia	s	r
· Armenia	s	r	Lithuania	s	r
Azerbaijan	s	r	Poland	s	r
· Belarus	s	r	Republic of Moldova	s	r
Bosnia and Herzegovina	s	r	— Romania	s	r
			— Russian Federation	s	r
· Bulgaria	s	r	· Slovakia	ns	r
· Croatia	s	r	· Slovenia	s	r
· Czech Republic	s	r	Tajikistan	s	r
Estonia	s	r	— Turkey	s	r
· Federal Rep. of Yugoslavia (Serbia and Montenegro)	s	r	The former Yugoslav Republic of Macedonia	s	r
· Georgia	s	r	Turkmenistan	s	r
· Hungary	s	r	· Ukraine	s	r
Kazakstan	s	r	Uzbekistan	s	r

D: Declaration of World Summit for Children
C: Convention on the Rights of the Child
s: signed, ns: not signed, r: ratified

* Preparation under way (25 countries)
** Draft/outline received (19 countries)
*** NPA finalized (111 countries)

Summit Declaration: 168 signed, 25 not signed
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Total of 155 countries with NPA finalized, in draft or under preparation

Note: In addition to the above, three dependent territories, British Virgin Island, Monserrat and Turks and Caicos, have finalized programmes of action

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UNITED
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E

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E/ICEF/1997/14/Corr.1
30 April 1997

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Executive Board
Annual session 1997
2-6 June 1997
Item 4 of the provisional agenda*

FOR ACTION

PROGRESS REPORT ON FOLLOW-UP TO THE WORLD SUMMIT FOR CHILDREN

Corrigendum

Page 15, annex

Replace annex by the attached.

* E/ICEF/1997/13.

Annex

STATUS OF SIGNATURE OF WORLD SUMMIT DECLARATION, NPA PREPARATION AND RATIFICATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD AS OF 26 FEBRUARY 1997

ASIA	D	C	SUB-SAHARAN AFRICA	D	C	LATIN AMERICA AND THE CARIBBEAN	D	C	MIDDLE EAST AND NORTH AFRICA	D	C	INDUSTRIALIZED COUNTRIES	D	C
* 2 ** 4 *** 21			· 3 ** 8 *** 33			* 6 ** 3 *** 23			* 1 ** 1 *** 17			· 1 ** 1 *** 16		
Afghanistan	s	r	* Angola	ns	r	* Antigua and Barbuda	s	r	— Algeria	s	r	Andorra	ns	r
— Bangladesh	s	r	— Benin	s	r	— Argentina	s	r	— Bahrain	ns	r	— Australia	s	r
— Bhutan	s	r	— Botswana	s	r	— Bahamas	ns	r	— Cyprus	ns	r	Austria	s	r
Brunei Darussalam	ns	r	— Burkina Faso	s	r	· Barbados	s	r	— Djibouti	s	r	— Belgium	s	r
Cambodia	s	r	— Burundi	s	r	— Belize	s	r	— Egypt	s	r	— Canada	s	r
— China	s	r	— Cameroon	s	r	— Bolivia	s	r	— Iran	s	r	— Denmark	s	r
Cook Islands	ns	ns	— Cape Verde	s	r	— Brazil	s	r	(Islamic Republic of)			— Finland	s	r
— Democratic People's	s	r	— Central African	s	r	— Chile	s	r	· Iraq	ns	r	· France	s	r
Republic of Korea	s	r	Republic			— Colombia	s	r	— Jordan	s	r	— Germany	s	r
— Fiji	s	r	— Chad	s	r	— Costa Rica	s	r	— Kuwait	s	r	Greece	s	r
— India	s	r	— Comoros	s	r	— Cuba	s	r	— Lebanon	s	r	— Holy See	s	r
— Indonesia	s	r	— Congo	s	r	— Dominica	s	r	— Libyan Arab	ns	r	Iceland	s	r
· Kiribati	ns	r	— Cote d'Ivoire	s	r	— Dominican Republic	s	r	Jamahiriya			Ireland	s	r
— Lao People's	s	r	— Equatorial Guinea	s	r	— Ecuador	s	r	— Morocco	s	r	Israel	s	r
Democratic			· Eritrea	s	r	— El Salvador	s	r	— Oman	ns	r	— Italy	s	r
Republic			— Ethiopia	s	r	· Grenada	s	r	— Qatar	s	r	— Japan	s	r
— Malaysia	s	r	Gabon	s	r	— Guatemala	s	r	— Saudi Arabia	ns	r	Luxembourg	s	r
— Maldives	s	r	— Gambia	s	r	— Guyana	s	r	— Sudan	s	r	Liechtenstein	s	r
— Marshall Islands	s	r	— Ghana	s	r	— Haiti	s	r	— Syrian Arab Republic	s	r	Malta	ns	r
— Micronesia	ns	r	— Guinea	s	r	— Honduras	s	r	— Tunisia	s	r	Monaco	s	r
(Federated States of)			— Guinea-Bissau	s	r	— Jamaica	s	r	— United Arab Emirates	ns	r	— Netherlands	s	r
— Mongolia	s	r	— Kenya	s	r	— Mexico	s	r	— Yemen	s	r	— New Zealand	s	r
— Myanmar	s	r	— Lesotho	s	r	— Nicaragua	s	r				— Norway	s	r
Nauru	ns	r	— Liberia	s	r	— Panama	s	r				— Portugal	s	r
— Nepal	s	r	— Madagascar	s	r	— Paraguay	s	r				San Marino	ns	r
Niue	ns	r	— Malawi	s	r	— Peru	s	r				— Spain	s	r
— Pakistan	s	r	— Mali	s	r	· Saint Kitts and	s	r				— Sweden	s	r
· Papua New Guinea	s	r	— Mauritania	s	r	Nevis	s	r				Switzerland	ns	s
— Philippines	s	r	— Mauritius	s	r	— Saint Lucia	s	r				— United Kingdom of	s	r
— Republic of Korea	s	r	— Mozambique	s	r	· Saint Vincent and	s	r				Great Britain and		
Republic of Palau	ns	r	— Niger	s	r	the Grenadines	s	r				Northern Ireland		
Samoa	s	r	— Nigeria	s	r	· Suriname	s	r				— United States of	s	s
— Singapore	ns	r	— Namibia	s	r	— Trinidad and	s	r				America		
— Solomon Islands	s	r	— Rwanda	s	r	Tobago	s	r						
— Sri Lanka	s	r	— Sao Tome and	s	r	— Uruguay	s	r						
— Thailand	s	r	Principe			— Venezuela	s	r						
Tonga	s	r	— Senegal	s	r									
— Tuvalu	ns	r	· Seychelles	ns	r									
— Vanuatu	s	r	— Sierra Leone	s	r									
— Viet Nam	s	r	Somalia	ns	ns									
			— South Africa	s	r									
			— Swaziland	s	r									
			— Togo	s	r									
			— Uganda	s	r									
			— United Republic of	s	r									
			Tanzania											
			— Zaire	s	r									
			— Zambia	s	r									
			— Zimbabwe	s	r									

CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES					
			*12 **1 *** 2		
			Kyrgyzstan	s	r
· Albania	s	r	Latvia	s	r
· Armenia	s	r	Lithuania	s	r
Azerbaijan	s	r	Poland	s	r
· Belarus	s	r	Republic of Moldova	s	r
Bosnia and	s	r	— Romania	s	r
Herzegovina			— Russian Federation	s	r
· Bulgaria	s	r	· Slovakia	ns	r
· Croatia	s	r	· Slovenia	s	r
· Czech Republic	s	r	Tajikistan	s	r
Estonia	s	r	— Turkey	s	r
· Federal Rep. of Yugoslavia	s	r	The former Yugoslav	s	r
(Serbia and Montenegro)			Republic of Macedonia		
· Georgia	s	r	Turkmenistan	s	r
· Hungary	s	r	· Ukraine	s	r
Kazakstan	s	r	Uzbekistan	s	r

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21 March 1997

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UNITED NATIONS CHILDREN'S FUND
Executive Board
Annual session 1997
2-6 June 1997
Item 6 of the provisional agenda*

FOR INFORMATION

ENSURING CHILDREN'S RIGHTS TO SURVIVAL, DEVELOPMENT AND PROTECTION IN AFRICA

Progress report

SUMMARY

The present report was prepared in response to Executive Board decision 1995/18 (E/ICEF/1995/9/Rev.1), in which the Board reconfirmed its commitment to Africa as the region of greatest need and highest priority as well as its commitment to assist countries in Africa to fulfil the human development goals of the 1990s.

Following a brief introduction, the report discusses the current socio-economic context in Africa. It reviews progress towards the goals of the World Summit for Children and in other areas of concern to children and women, as well as the UNICEF responses. Finally, the report describes some future directions for UNICEF and its partners in Africa.

* E/ICEF/1997/13.

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INTRODUCTION

1. In 1995 and 1996, there were significant political, economic and administrative developments in much of sub-Saharan Africa. In the long term, these could improve the prospects of the region. In the short run, however, the picture is very mixed. There are disturbing trends towards chronic instability and persistent conflict in large areas of the region, and too few social and economic benefits are reaching poor children and women. All indications are that the number of poor people will be increasing as the continent moves into the twenty-first century. The international community will need to maintain its commitment to Africa, as sustainable positive change will take more time and resources than are often predicted.

2. The Secretary-General presented a mid-decade review of progress towards the goals set by the World Summit for Children (A/51/256) to the General Assembly on 30 September 1996. Although countries are finding it difficult to reach the goals, the review highlighted remarkable progress in sub-Saharan Africa towards the elimination of dracunculiasis (guinea-worm disease), the expanded use of oral rehydration therapy (ORT) and the universal iodization of salt. It also highlighted gains in immunization in some countries and the reversal of the decline in primary school enrolment. Considerable challenges remain in terms of controlling malaria, diarrhoeal disease and acute respiratory infections (ARI) and in reducing child malnutrition rates. All African States except Somalia have ratified the Convention on the Rights of the Child, and 18 have submitted reports to the Committee on the Rights of the Child.

3. The ratification of the Convention and the growing importance of the Convention on the Elimination of All Forms of Discrimination Against Women will allow UNICEF and its partners to promote the use of rights-based frameworks to shape national and international support to children and women in sub-Saharan Africa. Achieving the goals for the decade will become a means of fulfilling rights. Increasing participation by and empowerment of children and women will become objectives. Work methods and processes will change as a result.

I. THE SOCIO-ECONOMIC CONTEXT

4. Civil strife continues to kill, maim, displace and impoverish millions of African children and women. Political instability, human rights abuses, ethnic tensions and militarization are major contributing factors. The unfolding tragedy of the Great Lakes region will cast a long shadow. The civil war in the Sudan drags on. Sporadic conflict continues in Liberia and in the southern and central parts of Somalia. The situation in the Central African Republic and a few other countries is still uncertain. Military expenditures have been growing faster than those on health and education. Yet, 10 years ago, the most optimistic observer would not have predicted the rapid and peaceful end of apartheid. Namibia was fighting for its independence. Angola, Ethiopia and Mozambique were in the throes of civil war. Uganda was emerging from chaos and instability. Things change quickly in Africa, and often for the better.

5. In 1995, economic growth rose above population growth for the first time in the decade. The United Nations reported that 18 countries recorded more than 5 per cent growth of their gross domestic product in 1996. Yet, the overall African increase was only half the objective of the New Agenda for Development in Africa. It was enough neither to compensate for economic decline since 1990 nor to lessen widespread poverty. Sub-Saharan Africa's gross national product (GNP) per capita is still about $460 (1994), the lowest GNP per capita of all regions in the world, except South Asia. Economic disparities are also increasing. Of the 35 countries with the lowest Human Development Index ranking, 28 are in sub-Saharan Africa.

6. The volatility of agricultural production and prices will undermine recent economic gains. Investment levels give a more accurate picture of Africa's prospects for sustainable economic growth. In 1995, investment was only around 15 per cent of total output, the lowest in the world. The region attracts only 2.4 per cent of total foreign direct investment in developing countries. While sub-Saharan Africa has maintained its share of nearly 40 per cent of total official development assistance, in real terms this has meant a decline of about 14 per cent between 1992 and 1995.

7. Total external debt in sub-Saharan Africa represents about $800 per child. The African Development Bank estimated external debt at $223 billion in 1995, up nearly one fifth since 1990, of which close to 70 per cent is owed to bilateral and multilateral official creditors. On average, debt servicing absorbs around 30 per cent of export earnings, in spite of debt forgiveness of $3 billion in 1995. With such debt burdens, countries will find it difficult to increase expenditure on basic services in line with the Oslo Consensus or the 20/20 Initiative. The 1996 annual International Monetary Fund/World Bank meeting approved the Heavily Indebted Poor Countries Debt Initiative, which aims to enable the poorest countries to exit from the debt rescheduling process. Bilateral and multilateral creditors will provide debt relief. Of the 41 countries which could participate, 34 are in Africa. The process for determining eligibility may be lengthy and difficult, so bilateral creditors should continue to grant debt relief and allow debtor Governments to invest in basic social services.

8. The World Bank estimates that close to 220 million people, 40 per cent of the total population, were living below the poverty line ($1 per day) in sub-Saharan Africa in 1993. This is an increase of nearly 40 million since 1987. As poverty affects mostly large families, children are the biggest group living in poverty. Women suffer from discrimination in legislation and traditions, but head nearly one third of African households. They have to earn an income, manage a household and care for children. The vicious cycle of poverty begins again when girls drop out of school to help their households or lose their childhood by becoming pregnant.

9. In much of Africa, the UNICEF working environment is changing. First, there is a transition towards democracy, with intermittent setbacks, in more than 20 countries. Democratization can lead to a political interest in the provision of services that people want, often health as in the case of Zambia. Second, there is decentralization of some administrative decisions and resources from central ministries to provinces and districts. This facilitates the adaptation of social programmes to local needs and increases transparency. Third, budgetary constraints preclude a rapid increase in basic service coverage unless the beneficiaries share part of the costs. With growing democracy and decentralization, many households and communities are willing to participate on this basis. Special measures are needed to promote the participation of the poorest.

II. REVIEW OF PROGRESS TOWARDS THE GOALS OF THE WORLD SUMMIT FOR CHILDREN AND IN OTHER AREAS CONCERNING CHILDREN AND WOMEN

10. The mid-decade goal review used a low-cost, multiple indicator cluster survey (MICS) method developed by UNICEF, the World Health Organization (WHO), the United Nations Statistical Division, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United States Centers for Disease Control and Prevention and academic institutions. Of 46 countries in sub-Saharan Africa, 35 carried out MICS or equivalent surveys, generating an unprecedented amount of data and strengthening monitoring capacity throughout the region.

11. Although child mortality has continued to drop, the trend falls short of what is required to achieve the decade goal of a one-third reduction. The under-five mortality rate in sub-Saharan Africa is 175 per 1,000 live births, almost twice as high as the global average of 90. Recent estimates by UNICEF and WHO suggest a maternal mortality rate (MMR) of 980 per 100,000 live births. The probability of a woman in sub-Saharan Africa dying from pregnancy-related causes throughout her reproductive life is 1 in 13. The comparable figure for Europe is 1 in 1,400. It seems likely that there has been no reduction in MMR since 1990.

12. According to WHO, immunization in sub-Saharan Africa averted 34 per cent of the measles cases and 65 per cent of the measles deaths that could have occurred in 1995 in the absence of immunization. In 1995, 20 countries in the Africa region reported zero polio cases, while 25 countries reported 12,000 cases of paralytic poliomyelitis. This reflects a large decrease. Eleven African countries had coverage levels of 80 per cent or more in 1995 for three doses of combined diphtheria/pertussis/tetanus vaccine. However, few countries are on track to reach the goal of 90 per cent immunization coverage of infants. Falling coverage of the second dose of tetanus toxoid for women is related to the poor functioning of the health system and the broader gender issue in Africa. Furthermore, epidemics of diseases not covered by the expanded programme on immunization still occur. There were widespread outbreaks of meningitis in 1996 and 1997.

13. Analysis of reports from 32 countries in sub-Saharan Africa shows that the ORT use rate rose from below 20 per cent in 1986 to about 75 per cent in 1996. This covers oral rehydration salts plus home fluids. Nevertheless, sub-Saharan Africa still accounts for a high proportion of diarrhoea-related deaths worldwide. Many countries continue to experience outbreaks of cholera and other diarrhoeal diseases. ORT may be a necessary, but not sufficient strategy. The West and Central Africa region is promoting low-cost latrines to reduce vulnerability.

14. Twenty-two countries have introduced ARI control programmes. This has improved treatment in clinics and household behaviours to reduce ARI-related mortality. Integrated programme implementation needs to accelerate to achieve the goal of a one-third reduction in child deaths caused by ARI.

15. There are important, though mixed, trends in nutrition. Nearly all major salt producers in Africa have iodized or will soon iodize their salt, an historic achievement. A UNICEF/WHO study in 1995-1996 confirmed the safety of iodized salt in the region. The Baby-Friendly Hospital Initiative has also enjoyed considerable success and is trying to improve breast-feeding practices following home deliveries. Nonetheless, more than 30 per cent of young children in Africa are underweight, approximately the same proportion as in the 1970s. The United Republic of Tanzania and Zimbabwe have reduced child malnutrition, but for many African countries malnutrition remains an important contributor to infant and child mortality and morbidity, to poor cognitive development and performance, and to social and economic underdevelopment. Present levels of commitment will have to rise to reach the decade goal of halving severe and moderate malnutrition.

16. Only 51 per cent of Africa's population have access to safe water supply. Coverage is 36 per cent in rural areas. In 1994, over 250 million people were without access to safe water and almost 300 million were without access to adequate sanitation, for which coverage is declining. Dracunculiasis could be eliminated from all but a few conflict-prone areas by the year 2000.

17. Primary school enrolment has increased, but barely kept pace with the rise in the primary school-age population. In 1995, the number of out-of-school children aged 6-11 years was estimated at 49 million and rising. Fewer than half the children in sub-Saharan Africa complete five years of schooling. Gender disparities remain wide, the quality of learning achievement is low and illiteracy among women is around 80 per cent in many countries.

18. Only 53 per cent of the population of sub-Saharan Africa have access to modern health services. Half the rural population lives more than 10 kilometres from a health centre. HIV/AIDS, viral haemorrhagic fevers and the resurgence of diseases previously thought to be under control, such as tuberculosis, are major threats. Malaria continues to be an intractable problem. Health systems have low delivery capacity and limited effectiveness. UNICEF/WHO initiatives for the integrated management of childhood illness (diarrhoea, ARI, malaria, measles, malnutrition) and micronutrient deficiencies will aim to reduce child mortality further.

19. Some 90 per cent of the world's 300 million-500 million annual clinical malaria cases occur among the people of sub-Saharan Africa. Malaria is the leading child killer in Africa. There are between 1 million and 2 million malaria-related deaths of children under five years of age every year. Malaria during pregnancy causes severe illness, anaemia and low birth weight.

20. In 1996, some 12 million adults were infected by HIV/AIDS in Africa, about 60 per cent of the world's total victims. The epidemic has spread from Eastern and Central to Southern Africa. In parts of West and Central Africa, between 1 and 10 per cent of women attending urban antenatal clinics are HIV-positive. HIV/AIDS is the fastest growing cause of death among children in Africa. Prevalence rates for girls 15-19 years old are often six or more times higher than for boys of the same age. WHO estimates that 5 million-10 million children worldwide will be orphaned by AIDS by the year 2000, 90 per cent of them in sub-Saharan Africa. The high rates of HIV in women have resulted in high numbers of HIV-infected newborns. HIV/AIDS is also affecting UNICEF staff and their families. The HIV/AIDS pandemic has implications which go beyond the number of infected people. HIV/AIDS is not just a health issue - it is causing total social degradation in some areas. It has the potential to put more children and women in need of care and protection than wars and famine.

21. The urban population of sub-Saharan Africa rose from 74 million in 1975 to 184 million in 1995. Africa had the highest rate of urban growth in the world (4.35 per cent per year). The percentage of Africans living in urban areas increased from 21 in 1975 to 35 in 1995 and is estimated to reach 54 per cent by 2025. There has been a reduction in the services and infrastructure available to urban populations. The combination of increasing needs and fewer resources has meant a worsening of the conditions of children and women in urban and peri-urban areas. Several million children make their homes or livelihoods on the streets of African cities. City and town governments are usually ill-prepared and have to manage scarce local resources more efficiently. Communities and urban authorities will need to find more effective ways of working together.

22. Communities, households and individuals across Africa are developing new means of communication. Changes in political and administrative systems, increasing urbanization, advances in the status of some women and the growing availability of external news, sports, music and literature influence the way in which friends, families and communities interact. One in five people has access to state or private radio. Television reaches only relatively wealthy urban populations. The penetration of short-wave radio and satellite television is providing an alternative to local sources of information. Liberalization of markets means more extensive distribution routes. These accelerating trends will have significant implications for UNICEF communication and social mobilization strategies.

23. The number of African children in need of protection is growing. This includes AIDS and war orphans, children affected by AIDS and conflict, child soldiers, unaccompanied and street children, children exposed to harmful or exploitative labour, abuse or sexual exploitation, children with disabilities and others who are alone or lack adequate family support or safety nets.

III. UNICEF RESPONSES

A. United Nations system-wide and other initiatives for Africa

24. The United Nations System-wide Special Initiative for Africa aims to promote actions within a partnership framework which will mobilize and improve internal and external support for development in Africa over the next 10 years. It is consistent with the New Agenda for Development in Africa, the strategies of the Organization for Economic Cooperation and Development's Development Assistance Committee for the twenty-first century and the Tokyo Declaration on African Development. The Special Initiative comprises 14 components for action but the major focus is on health care and basic education. UNICEF will cooperate in the implementation of the following areas, within the framework of the Convention on the Rights of the Child and strategies and programmes of cooperation approved by the Executive Board: health sector reform; basic education; household water security; food security, with special emphasis on women; and strengthening civil society for development. Agencies involved in different areas are formulating implementation strategies under the leadership of African Governments. UNICEF is using its country programming approach and implementation capacity to contribute to the Special Initiative.

25. Policy meetings with the World Bank have taken place in Abidjan, Côte d'Ivoire, Nairobi, Kenya, and Addis Ababa, Ethiopia, to promote closer collaboration under the Special Initiative. An inter-agency meeting in Brazzaville, Congo, agreed on a set of objectives for health sector reforms. African education ministers met in late 1996 to identify implementation structures to reinforce African leadership. These meetings confirmed ongoing strategies for collaborative broad-based reform in the health, education, water supply and other sectors. The strategies include improved management of resources, equitable access, decentralization and community participation in management. UNICEF has posted a senior staff member to Nairobi to support water supply programmes under the Special Initiative, especially in four initial countries (Ethiopia, Mali, Mozambique and Uganda).

26. To gain momentum in implementing the Special Initiative, UNICEF is placing particular emphasis on education in Ethiopia and health in Ghana. Both countries have completed plans for sectoral reforms in health and education. Education reforms are well advanced in the Comoros, Malawi, Mali, Mauritania, Uganda and Zambia. Health reforms are underway in Mozambique and Zambia. In Uganda, UNICEF has analyzed social sector spending. In Malawi and Zambia, United Nations agencies are collaborating on a common situation analysis. In Botswana, UNICEF is participating in a study to establish a baseline for the Special Initiative.

27. Under the auspices of the Department for Policy Coordination and Sustainable Development, UNICEF and other United Nations agencies participated in the development of "best practices" in the functioning of the resident coordinator system. This involved field visits to Malawi, Mali and the United Republic of Tanzania. UNICEF led the Joint Consultative Group on Policy mission to Ghana to develop a prototype common country assessment. UNICEF has signed memoranda of understanding with the United Nations High Commissioner for Refugees and the United Nations Environment Programme. UNICEF and the Economic Commission for Africa have started discussions with a view to signing a memorandum of understanding covering field collaboration. UNICEF is working with other United Nations agencies in several countries, including Ethiopia, Uganda and Zambia, in public expenditure reviews.

B. Health and nutrition

28. With its partners, UNICEF has played a catalytic role in health sector reform. According to a 1995 World Bank evaluation of the Bamako Initiative, in Benin, Burundi, Cameroon, Guinea, Mauritania, Senegal and Togo, the use of health facilities has increased with the greater availability of drugs. Benin,

Ghana, Guinea, Mali, Senegal, Zambia and others have carried out decentralized, broad-based health sector reform. A 1995 review of more than 30 evaluations of UNICEF-supported health programmes in Africa confirmed that health revitalization programmes have increased use, coverage and accessibility of health services. The review recommended better integration with programmes for health education, communication, nutrition, dracunculiasis eradication and water and sanitation.

29. UNICEF has established a track record in the development of sustainable systems for community co-management and cost-sharing, local micro-planning, on-the-job training, participatory supervision and promotion of health and nutrition through health facility committees. UNICEF will continue advocacy with technical, political and international partners for decentralized health sector reform. In the longer term, the value of the reforms will be judged by their capacity to make health care more accessible and affordable and to tackle malaria, measles, diarrhoea, ARI and malnutrition-related morbidity and mortality.

30. Child mortality in Africa will not decrease without more effective malaria control. UNICEF is committed to the global strategy for the control of malaria, developed with WHO and many other agencies. The strategy emphasizes case management, prevention, epidemic control and capacity-building. Chloroquine resistance is spreading as an obstacle to effective treatment. UNICEF-assisted programmes in Burkina Faso, the Gambia, Ghana, Kenya, Namibia, Malawi, Zambia and other countries have begun to promote the use of impregnated bednets and curtains. Sustainability and long-term success depend on community involvement and behavioural change. Strategies for cost-recovery and community co-management, especially for drugs, materials and insecticide, will be necessary, but will have to protect those unable to pay.

31. Malaria (and other disease) control strategies will become part of the minimum package of health services and community activities. This will require intersectoral collaboration, in line with the UNICEF health strategy, and an implementation plan including: communication activities to promote behavioural change for improved child care and nutrition; interventions to make the environment safer; women's health, including improved antenatal care, identification of at-risk pregnancies, improved nutrition and chemoprophylaxis to prevent malaria; establishment and expansion of partnerships with bilateral and multilateral partners and non-governmental organizations (NGOs); and the supply of essential drugs, materials and equipment.

32. With WHO and the International Council for the Control of Iodine Deficiency Disorders (IDD), UNICEF has been a major partner in putting universal salt iodization high on the political agenda and bringing together ministries of health and commerce and the private sector. Progress in IDD control has resulted in greater interest in other micronutrient deficiencies. Several countries have conducted vitamin A surveys and made progress in ensuring adequate vitamin A supplementation. Other countries are pursuing food-based strategies. However, there are still countries where the magnitude of vitamin A deficiency is not well known and the problem is likely to be an important barrier to child survival and development. The prevalence of iron deficiency anaemia is another major challenge. The treatment of intestinal parasitic infestations is likely to be very cost-effective.

C. Basic education

33. The reform of basic education systems remains a challenge for the region. African Governments increasingly see education for all, especially girls, as a key to socio-economic progress. The UNESCO/UNICEF Monitoring Learning Achievement Project is assisting countries to improve management of information systems. UNICEF is also working with the Association for the Development of Education in Africa, which will be the main vehicle for education programmes under the United Nations System-wide Special Initiative for Africa. UNICEF

supported a conference, organized by the Organization of African Unity (OAU) and the Government of Uganda, on girls' education and women's literacy, at which a number of countries agreed to divide long-term goals into short-term, time-bound objectives. This is an important step forward.

34. The share of resources for basic education in UNICEF country programmes is increasing, with priority for improvement of girls' education and reduction of gender disparities. Major issues being addressed include practical implementation strategies, the provision of materials, women's empowerment, the relationship between girls' work and schooling, the safety of girls in school, links to reproductive health and the relevance of curricula to girls. Increased community involvement has led to attempts to adapt schooling to different regions and the introduction of local languages. For example, in several Moslem areas, boys attend school in the morning and girls in the afternoon. A new programme will support NGOs active in girls' education.

35. Financing is critical. Increased contributions from and management by communities and NGOs is required. A recent mission to Eritrea and Ethiopia recommended a model that could be widely applicable. It consists of community-supported, single-room schools for the first two or three grades of primary school, close to children's homes. Clusters of such schools would serve as feeders to a central primary school for higher grades. The central school would supervise and guide the feeder schools. There would be local recruitment of "parateachers" (similar in concept to paramedics) for the feeder schools. Finally, national and regional education systems would have to recognize and support the cluster approach with capacity-building, technical and resource support to complement community resources and ensure acceptable standards.

D. Water supply and environmental sanitation

36. Between 1991 and 1995, UNICEF expenditure on water supply and environmental sanitation in Africa averaged $60 million per year, half of which was for emergencies. However, with current rates of population growth and coverage extension in Africa, over 500 million people would be without water and sanitation by the year 2020. In the past, in response to the priority given to water supply by communities in Africa, UNICEF implemented many successful water and sanitation projects in over 40 countries in Africa. However, in recent years, a large proportion of these programmes approved for supplementary funding remained unfunded.

37. Progress towards dracunculiasis elimination is due principally to strong community surveillance systems, good cross-sectoral links with other programmes and an emphasis on cost-effective and appropriate technology. Priorities for elimination are areas affected by armed conflict and remote communities in 16 African countries. As eradication comes within reach, the lack of funding is threatening the sustainability of several national programmes.

38. Sub-Saharan Africa suffers from widespread environmental degradation. Semi-arid lands are turning into deserts. The savanna is being "sahelienized" and becoming semi-arid. The dense forests are becoming savannas. In urban and peri-urban areas, families and communities live in an environment which is overcrowded, poorly serviced and starved of resources. The 1994 Sahel Initiative, funded by the Government of Sweden and the Global Environment Fund, helped eight UNICEF country programmes to begin integrated primary environmental care and work with communities to promote ecological balance. In several countries, participatory rural appraisals have caused a change in attitudes to self-reliance and women's participation. Pilot urban environmental health projects in cities such as Addis Ababa and Nairobi will guide the development of new urban approaches.

E. Emergencies

39. In 1996, UNICEF emergency operations in Africa were dominated by the crisis in the Great Lakes region, ongoing conflict in Somalia and the Sudan and the vulnerability of the State in the Central African Republic, Liberia and other countries. UNICEF responses included the provision of basic health care (almost 40 per cent of emergency programme expenditure); nutrition, including supplementary feeding and household food security (roughly 10 per cent); and water supply and sanitation (10 per cent). UNICEF is also stressing education in response to complex emergencies, since education plays a key role in protecting or reconstructing communities. Other responses included psycho-social rehabilitation, care and protection of unaccompanied children, women's reproductive health, land-mine awareness, rehabilitation of child soldiers, juvenile justice for child prisoners and monitoring the impact of sanctions. While interventions in emergency preparedness, response and rehabilitation retain a central place in the UNICEF strategy, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the UNICEF anti-war agenda and the recommendations of Graça Machel's report on the impact of armed conflict on children, have all led to greater efforts to protect children's and women's rights during emergencies. In Rwanda, for example, UNICEF has promoted new approaches to juvenile justice for children accused of involvement in the genocide. In Burundi, UNICEF and the Government signed a declaration on the protection of Burundian children. UNICEF is also working with the OAU and the International Campaign to Ban Land-mines to promote the concept of mine-free zones in different African regions.

40. Several countries are in transition from war to peace. In Angola, Mozambique, Rwanda and Sierra Leone, UNICEF is working with international and local NGOs to integrate into long-term programming measures for identification, tracing and reunification of unaccompanied children, in addition to trauma counselling and other follow-up measures. In Rwanda, UNICEF and its partners are following a community-based approach that involves child counsellors, local caregivers and entire communities in the healing process. The demobilization and rehabilitation of child soldiers has also become a priority. In Sierra Leone, where many communities were reluctant to accept former child soldiers, a programme was designed for psycho-social and trauma healing, focusing on the needs of the children and helping their families to understand them.

41. For the Great Lakes operation, a regional preparedness strategy led to the pre-positioning of key relief items in Burundi, Rwanda and Uganda, and allowed immediate response to the massive return of refugees to Rwanda at the end of 1996. Rapid change, difficulties of access and insecurity make monitoring particularly critical during complex emergencies. The Eastern and Southern Africa Regional Office continues to provide advisory support and coordinate supply movements for the Great Lakes operation, for which UNICEF and its partners have developed methods for the rapid assessment of displaced populations. The West and Central Africa region has been placing priority on assessing and strengthening disaster preparedness in several countries.

42. UNICEF continues to provide assistance to large numbers of internally displaced children throughout Africa, although the question of overall responsibility within the United Nations system for displaced populations remains unresolved. A further and severely complicating factor in complex emergencies is the way in which relief workers, particularly in Burundi, Rwanda and Somalia, have become targets. This has forced many agencies, including the United Nations, the International Committee of the Red Cross and NGOs to reduce humanitarian assistance in specific circumstances.

F. Gender

43. In an attempt to mainstream gender-related concerns, UNICEF has set up two gender networks in sub-Saharan Africa. They have facilitated gender training of UNICEF staff and their counterparts and provided technical support for using the Convention on the Elimination of All Forms of Discrimination against Women as a framework for the country programming process. UNICEF provided support for preparations for the Fourth World Conference on Women and highlighted girls' issues in the Conference and related African platforms for action. UNICEF is supporting follow-up through country programmes. Many countries are reviewing laws that discriminate against women and introducing gender-related development goals. The Eastern and Southern Africa region has developed a strategy against female genital mutilation (FGM). Ethiopia, Eritrea, Kenya and Somalia are part of this programme. Burkina Faso, Cameroon and other countries in West Africa are also focusing on FGM.

44. Women are often the victims of calculated sexual violence during emergencies. At the same time, they play a key role in protecting the household when it is threatened or in the process of rehabilitation. UNICEF is increasing the gender-sensitivity of emergency programming in Africa. This takes into account womens' needs, not only for care and protection but also for empowerment in management and decision-making roles.

G. Child protection

45. In line with the UNICEF policy on special protection measures, several country programmes are working to ensure the care, protection and participation of children affected by conflict, abusive child labour, sexual exploitation and juvenile justice. UNICEF is helping to develop training packages in rights-based analysis and community needs assessment.

46. The degree to which African children work under harmful or exploitative conditions is unknown. Much analysis will be needed before the dynamics of child labour in Africa are understood. UNICEF acknowledges that children of poor families are working, and advocates for their protection to ensure that work does not impede cognitive and emotional development or impose too heavy a physical or psycho-social burden. In addition, protection measures must be supported by the provision of appropriate, affordable alternatives to children's work. Education is the key.

47. The UNICEF approach to HIV/AIDS has evolved within the Global AIDS Strategy and Plan prepared by the Joint United Nations Programme on HIV/AIDS. The behaviours that spread HIV infection are associated with the low status of women and girls, understanding of and control over sexuality, and educational and economic status. UNICEF is supporting programmes that address the underlying causes of HIV/AIDS by promoting life skills, health and development among women of child-bearing age and young people in and out of school. Protection typically involves information and communication to promote informed and responsible behaviour, improved health for women and young people and the empowerment of girls against sexual exploitation. The UNICEF role in the preparation of the World Congress Against Commercial Sexual Exploitation of Children included the organization and financial and technical support of six regional consultations. This led to acknowledgement that commercial sexual exploitation of children and domestic violence appear to be growing in Africa.

48. Subregional networks have begun to focus on the impact of HIV/AIDS on children and their care-providers. Several new country programmes include community-based child care to build up the coping capacity of households that have lost their primary caretakers. A Zambia study showed that it was not useful to separate children affected by AIDS from other categories of vulnerable children. In Uganda, many orphans who were taken in by caring relatives fared better than AIDS-affected children who were not orphans but living in non-nurturing environments.

H. Communication and social mobilization

49. Communication and social mobilization strategies are increasingly focusing on behavioural change, community participation and the promotion of positive social norms for children and women. For the third consecutive year, UNICEF is supporting a West and Central Africa regional training course in behavioural change communication, community participation and partnership building at the National University of Benin. The organization is exploring the possibility of a similar course for Eastern and Southern Africa.

50. The use of the media is increasing. A West and Central Africa regional programme is reinforcing the role of rural radio in promoting pluralism, community participation and community-based initiatives. UNICEF South Africa was one of the partners in support of "Soul City", a multi-channel communication initiative based on a soap opera. UNICEF Malawi and partners produced a radio drama encouraging behavioural changes to prevent HIV/AIDS. UNICEF and Radio Zimbabwe produced a programme exploring HIV/AIDS from the perspective of infected and affected people.

51. A joint UNICEF/WHO/Rotary International project to "kick polio out of Africa" incorporates a comprehensive social mobilization plan for polio eradication. It includes the development of focused messages, press briefings, materials for advocacy, information kits and discussion guides. Football associations are also emerging as partners for action on HIV/AIDS and polio. Other initiatives are underway. The regional "Sara" animation programme began by producing materials for community dialogue on girls' education. The strategy of Uganda's health programme is to focus on improving community capacities to identify priority health problems and needs and then take action. Ghana has started a process of dialogue and joint programming with communities on urban basic services. The starting point was the reorientation of staff and government counterparts, followed by the application of the approach in all project activities. Many other countries, both francophone and anglophone, are pursuing this model.

I. Civil society and non-governmental organizations

52. Democratization, decentralization and the redefinition of the role of the State have led to greater recognition of civil society in general and NGOs in particular as equal partners in development. UNICEF is working with national and international NGOs in many countries on such issues as health care, girls' education, water supply and environmental sanitation, child rights, emergencies, AIDS and street children. This has meant increased collaboration with regional networks of NGOs, including those formed in response to different United Nations conferences on global issues. Between 10 and 15 per cent of programme expenditures are now channelled through projects implemented in cooperation with NGOs. Collaboration with NGOs is particularly important for service delivery and for advocacy and social mobilization projects. UNICEF will use its traditional experience in providing forums for advocacy, networking and communication among NGOs on children's and women's rights.

J. Management and funding

53. Between 1990 and 1996, the percentage of total UNICEF staff working in sub-Saharan Africa increased from 32 to 40. Forty-nine per cent of all health professionals, 46 per cent of all water and sanitation professionals and 43 per cent of all education professionals worked in sub-Saharan Africa. Table 1 below shows the staffing pattern in Africa for the years 1990 and 1996.

Table 1

UNICEF staffing pattern in sub-Saharan Africa, 1990 and 1996
(Numbers and percentage of Eastern and Southern Africa and West and Central Africa staff compared to total number of UNICEF staff)

Year	No. of IPs (% of global total)	No. of NOs (% of global total)	No. of GS (% of global total)	No. of JPOs (% of global total)	Total number of staff (% of global total)
1990	388 (34%)	204 (34%)	943 (31%)	-	1 535 (32%)
1996	427 (33%)	449 (41%)	1 987 (42%)	30 (36 %)	2 893 (40%)

IP - International Professional; NO - National Officer;
GS - General Service; JPO - Junior Professional Officer

54. Table 2 below shows that, over the period 1992-1996, Africa consistently accounted for between 36 and 38 per cent of UNICEF total expenditures. Expenditure in Africa reached a high of $303.5 million in 1994, when emergencies accounted for 35 per cent of the total. The percentage of UNICEF general resources expended in sub-Saharan Africa rose from 35.6 in 1992 to 36.7 in 1996. Between 1992 and 1996, the average proportion of total supplementary funds received by sub-Saharan Africa was 40 per cent. There were significant disparities in receipts between East and West Africa. Annual fluctuations were due to the severity and international visibility of emergency conditions.

55. The generally short-term and somewhat restrictive nature of supplementary funding and emergency donations creates some constraints to participatory approaches, sustained efforts in capacity-building or the promotion of community empowerment. New approaches to funding are emerging. Since 1994, a multi-country initiative for African girls' education has received $30 million from the Governments of Canada and Norway. This multi-country approach allows for great flexibility in allocations among countries, particularly those that are underfunded, and facilitates mid-course adjustments to allow for opportunities and constraints. It offers an interesting model for the future. UNICEF representatives are exploring with several African Governments the possibility of using local currency generated from the sale of food imports for country programmes. UNICEF has also received a $5 million anonymous contribution for Africa.

Table 2

Percentage of total UNICEF expenditure in Africa, 1992-1996

Year	Percentage of total UNICEF expenditure (GR + SF including emergency)	Percentage of UNICEF African expenditure allocated to emergencies
1992	38	29
1993	37	32
1994	38	35
1995	36	31
1996	37	27

GR - general resources; SF - supplementary funds

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56. The management excellence initiative has strengthened the efficiency and effectiveness of country, regional and headquarters offices. Strong management in country offices is needed to counter weak managerial capacity in many African countries. Country and regional management teams are promoting teamwork and transparency. UNICEF staff in Africa have contributed to global reform and restructuring through participation in various initiatives to improve management practices. Tools such as the Programme Manager System and new supply and financial systems will empower country offices to use the organization's resources more efficiently. Staffing in Angola, Kenya, Liberia and Somalia has been streamlined to a level more in keeping with the financial resources of the country programmes. Although there has been important progress in introducing the Internet, telecommunication difficulties continue to hinder its optimal use.

IV. FUTURE DIRECTIONS FOR UNICEF AND ITS PARTNERS IN AFRICA

57. With its high number of low-income, least developed countries, Africa will continue to receive priority in financial and human resource allocations. UNICEF will continue to advocate for and help countries to implement the Convention on the Rights of the Child in Africa. The record of UNICEF and the trends influencing survival, development and protection in sub-Saharan Africa point to a focus on meeting children's and women's rights in four main areas: (a) primary health care and nutrition, where the organization has a comparative advantage and much unfinished business; (b) basic education, with an emphasis on girls, which is essential to the sustainability of development processes; (c) water supply and environmental sanitation, the most commonly expressed need in Africa and a traditional area of strength where UNICEF is in danger of losing its comparative advantage; and (d) the care and protection of the most vulnerable children and women, in fulfilment of its mission.

58. The Convention on the Rights of the Child acknowledges the right of all children to access to, and minimum standards of, basic services. Priority will therefore be given to assisting countries to reach the goals of the World Summit for Children. Efforts to reach the poorest of the poor will be combined with efforts to assist other children who have the right to participate and benefit. The development of children through adolescence is important not only for their personal fulfilment but also for their ability to play a role in family, community and country. Emphasis will be placed on the empowerment of adolescent girls through communication and basic education, the prevention of HIV/AIDS and the promotion of life skills. Here again, the Convention on the Rights of the Child has highlighted the role of adolescents and young people as powerful agents of change. African children need protection from abusive child labour, enlistment in armed forces, violence, sexual exploitation and abuse. In view of the vulnerability of the region to armed conflict, there will be special emphasis on implementing the anti-war agenda.

59. There is no blueprint for sectoral reform, though it is possible to identify enabling factors. One of these is leadership from government, based on a clear vision for the relevant sector, to be operationalized through clearly defined intermediate objectives. UNICEF will nurture commitment through practical, informed advocacy to help countries seek the involvement of other partners in the development of services, in areas such as districts, which can then serve as launching points for going to scale. It is important to build up a critical mass of technicians with a shared understanding of the principles and strategies of the reform in question. Their effectiveness will depend on a cooperative relationship between donors and Governments. Visible successes are important. They motivate partners and provide momentum for change, which is also enhanced by effective communication of the objectives and contents of reforms. These approaches can serve as a guide for sectoral programme development in Africa in the coming years.

60. UNICEF will use its comparative advantage to help turn rights into realities for children and women. With limited resources, the organization will face difficult judgments on where country programmes will have the most impact and influence. In some instances, UNICEF resources will be more cost-effective in policy advocacy and demand mobilization than in direct support to programme implementation. UNICEF and its partners will have to make sure that the children's and women's rights perspective influences public policy, especially for basic social services. UNICEF is already involved in this way in such countries as Benin, Ethiopia, Guinea, Mali, Senegal, South Africa, Uganda, Zambia and Zimbabwe. In the future, UNICEF can and should act as a critical but credible and constructive partner to the United Nations Development Programme, the World Bank and others in national policy debates addressing the social dimensions of poverty. At the same time, the strength of UNICEF country programmes is usually their practical, results-oriented approach to making sure things work on the ground. UNICEF involvement with decentralized, innovative, pilot, local and participatory approaches will enable the organization to fulfil its learning and advocacy roles. This has implications, not only in terms of knowledge-based programming but also for the kinds of staff and expenditures involved.

61. The approach outlined above fits well with the current governmental trend to decentralize to the provincial and district levels. It will also involve households and communities in programme design, which should include all potential actors from communities, municipalities, sectoral ministries, NGOs and civil society institutions. This is the best way to advance in least developed countries with severe budget constraints. More fundamentally, community responsibility is not only morally correct but also increases the prospects of sustainability.

62. However, community responsibility requires difficult changes in the administrative and budgetary structure and practice of ministries and other bodies, if there is to be an effective balance between bottom-up and top-down approaches. UNICEF will support training for the staff of local, municipal or city council institutions on how to work in a participatory manner. UNICEF will also support community activities through non-governmental and community-based organizations to facilitate civil society's full participation, starting with the assessment and analysis of their own needs.

63. In the spirit of community involvement, there will have to be more participatory monitoring and evaluation of such processes, using locally specific, simple and often qualitative indicators. Monitoring should start from the community, which has the right to know how the programme is going. District staff should help the community to carry out an annual review and prepare a plan for the next year. Over the past year, regional and country workshops have provided monitoring and evaluation staff and their partners with technical orientation on participatory evaluation techniques, participatory rural assessments and MICS. The disaggregation of data by gender and by age remains a priority.

64. The Convention on the Rights of the Child is a universal charter for children. It provides an ethical framework, a legal foundation, a set of standards and a principle reference for the design and monitoring of country programmes in Africa. However, child rights exist in the complex context of countries and societies with their own specific needs, values and resource constraints. Institutionalizing a child rights perspective in UNICEF African country programmes will be a learning process for all involved. The challenge is to make sure that this process results in practical and sustainable benefits for African children.

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CHILDREN IN NEED OF SPECIAL PROTECTION MEASURES: REPORT ON STEPS FOR POLICY IMPLEMENTATION

SUMMARY

The present report was prepared in response to Executive Board decision 1996/27 (E/ICEF/1996/12/Rev.1), which requested the secretariat to report back to the Executive Board at the present session on steps taken to implement UNICEF policies and strategies for children in need of special protection measures.

The report outlines a two-pronged strategy for measures to protect children from exploitation, violence, abuse, abandonment and other situations of disadvantage: mainstreaming of sectoral programmes; and support for special protection measures when required. The implementation plan, a key component of the evolving child rights approach to programming, focuses on the establishment of technical support networks to ensure support to Governments in addressing special protection issues. Specific steps under way to enhance programmatic responses in the relevant areas are highlighted, including the revision of guidelines and the strengthening of strategic partnerships with Governments, United Nations agencies, non-governmental organizations and other civil society organizations.

The Executive Director recommends that the Executive Board adopt the draft recommendation contained in paragraph 56.

* E/ICEF/1997/13.

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INTRODUCTION

1. At its 1996 annual session in June, the Executive Board reviewed document E/ICEF/1996/14, "A review of UNICEF policies and strategies on child protection", and adopted decision 1996/27 (E/ICEF/1996/12/Rev.1), which established a policy for UNICEF action on behalf of children in need of special protection measures. The concept of "special protection measures" was developed by the Committee on the Rights of the Child to guide States Parties to the Convention on the Rights of the Child in responding to situations such as war and violence, exploitation, abuse, separation from family, detention or imprisonment, and disability. The policy moves beyond the categorization of children implied in the 1986 policy review and supporting documents on children in especially difficult circumstances (E/ICEF/1986/L.3 and E/ICEF/1986/L.6 and E/ICEF/1996/CRP.2 - E/ICEF/1996/CRP.4) and provides for special protection measures for children in situations of severe disadvantage. The policy is grounded in the Convention on the Rights of the Child, and its principles and provisions are reflected in the proposed strategies and activities.

2. While the Convention is an instrument for the protection of the rights of all children, the policy specifically addresses the protection of the rights of children in situations of severe disadvantage. The overall protection of children and childhood, ensuring both their civil and political rights as well as their social, economic and cultural rights, and providing opportunities for their survival and development, is relevant for all children in any situation, including those in situations of special disadvantage.

3. The policy report highlights six common and widespread sets of often interrelated and overlapping circumstances which put the rights and well-being of millions of children worldwide in severe jeopardy or result in exploitation, abuse or neglect. These are: (a) harmful and disabling child labour; (b) warfare and other forms of organized and large-scale violence; (c) sexual abuse and exploitation of children; (d) childhood disabilities; (e) temporary or permanent loss of family and/or primary caregivers; and (f) deficient laws and abusive legal and judicial processes.

4. The policy outlines a two-pronged strategy for addressing the situations of severely disadvantaged children. Firstly, the mainstream of social services should be adapted to reach and provide support to children at risk since gross violations of children's rights are often associated with overall poverty and inadequacies of social services. Secondly, targeted initiatives to reach disadvantaged children who are missed by, or left out of, mainstream programmes need to be put in place.

I. APPROACH TO IMPLEMENTATION FOR THE SPECIAL PROTECTION STRATEGY

A. Programming framework

5. The identification and assessment of potentially harmful situations is the basis for the design of appropriate basic services and protection measures for children at risk. For children who are already exposed to situations that are harmful to their development and well-being, special protection measures are required to compensate for the harm and to enable these children to have access to all basic services and overall protection. Consequently, UNICEF will focus increasingly on those severely disadvantaged children.

6. Factors such as the outbreak of large-scale violence, societal customs which discriminate against, exploit or abuse children, or gender bias with regard to customary law or inadequate legislation which produce specific risks for children need to be identified and addressed through strengthened protection measures. Examples of such measures include preventing children from being separated from their families during war-related displacement or support for legislative reform to prevent economic or sexual exploitation of children.

7. Support for the improvement of social services through the country programme needs to be targeted to also reach and benefit severely disadvantaged children. Too often the basic rights of those children, such as the rights to a name and nationality, as well as their rights to survival and development, including access to appropriate health care, nutrition and education, are violated. The adaptation of mainstream programmes to reach such children will decrease their risks of becoming exploited, abused and neglected. Several country programmes already have developed such strategies through area-based or urban basic services programmes designed to reach severely disadvantaged families, children and adolescents.

8. Specific targeted responses for children already exposed to situations that harm their development are needed to provide compensatory support and rehabilitation services. UNICEF, along with its partners, needs to improve its own capacity and further develop its understanding and methods to support children in such situations. Methods, indicators and instruments are needed to identify and assess harmful situations as well as to assess the nature and extent of the harm already inflicted on children and youth. Some examples are the reunification of children separated from their families in Rwanda; the demobilization/social reintegration of child soldiers in Sierra Leone; and the removal of children from hazardous work and the provision of educational services for working children in Bangladesh. UNICEF responses in emergencies specifically address special protection for children affected by armed conflict or organized violence.

9. For implementation of the policy, a two-pronged strategy is proposed for country programmes of cooperation:

(a) To bring preventive measures into the mainstream of social sector programmes such as education and health to reach those children at risk of falling into situations of special disadvantage;

(b) To provide special protection measures for compensation and recovery for children already exposed to situations that harm their development and require compensatory and enabling support.

B. Implementation steps

10. To incorporate this two-pronged strategy into UNICEF country programmes, the following country, regional and global efforts are under way:

(a) Revision of existing guidelines for situation analyses, formulation of programme strategies, preparation of country strategy notes and development of approaches and methods for tailored special protection measures;

(b) Strengthening of partnerships with Governments and relevant organizations through collaboration in research, systematic information

exchange, technical support and capacity-building, and the development of common advocacy and public awareness-raising strategies;

(c) Strengthening of UNICEF intersectoral task forces at country, regional and headquarters locations or support teams on specific child protection issues such as child labour and HIV/AIDS.

11. A key strategy to promote and implement the new policy is the establishment of specific country, regional and global technical support networks (TSNs). The overall objective of the strategy is to implement a broader approach to child protection and children in need of special protection measures and to learn, document and disseminate good practices. It is expected that the TSNs, which will be linked together, will:

(a) Produce more creative use of knowledge and experience through the linking of experts and practitioners from UNICEF and other organizations;

(b) Accelerate the process of systematic learning to enable UNICEF and its partners to act more efficiently to protect children at risk or already disadvantaged;

(c) Ensure focused programmatic responses to country-specific priorities regarding children in need of special protection measures;

(d) Promote the use of participatory approaches that involve communities and, most particularly, young people and women in taking action to protect children from situations that harm their development, and support special protection measures when necessary;

(e) Mobilize additional human and financial resources at country, regional and global levels by raising awareness through systematic monitoring and documentation.

12. Specific TSN objectives are:

(a) To facilitate access to relevant technical knowledge, research and experience;

(b) To generate innovative ideas and programming strategies;

(c) To strengthen cooperation and collaboration with recipient Governments and other United Nations agencies and to build strategic alliances with universities and non-governmental organizations (NGOs);

(d) To raise awareness of circumstances that put children at special disadvantage and of programming and advocacy for children in need of special protection;

(e) To provide guidance on behavioural approaches that enable families and communities to change their attitudes and behaviour with respect to children at risk and increase their recognition of their primary roles in protecting children from vulnerable or hazardous situations.

13. The response from regions and UNICEF country offices has been positive. A TSN is already in operation in the East Asia and Pacific region in the form of a formalized network of project officers or focal points for children in

especially difficult circumstances (CEDC), health and education advisers and a project committee on child protection under the Standing Committee on Programme of the regional management team (RMT). The TSN is linked to Child Rights Asianet, a regional NGO network based in Bangkok, comprising over 100 NGOs addressing issues such as child labour, sexual exploitation, HIV/AIDS and juvenile justice. Work plan priorities for 1997 include follow-up to the World Congress Against Commercial Sexual Exploitation of Children (training of law enforcement personnel, support to the development of national action plans, research) held in Stockholm in August 1996, a regional consultation on child labour in preparation of the forthcoming Oslo Conference on the subject, a project on unregistered children and follow-up to the meeting on juvenile justice held in Hanoi in 1995.

14. In Eastern and Southern Africa, a regional TSN is expected to be established by the end of 1997, building on the existing Child Protection Network (CPN), comprising the regional adviser and CEDC project officers/focal points. Priority issues, as determined by CPN, are children affected by armed conflict, the impact of HIV/AIDS, child labour and sexual abuse. CPN is closely linked with the regional AIDS/Youth Network. Electronic communication has been established to link CPN with both the regional office and headquarters. In late 1996, a CPN consultation decided on regional priorities, country participation and the selection of participants drawn from UNICEF regional and country offices, relevant United Nations agencies, NGOs and academic institutions. A TSN for the West and Central Africa region is expected to be in place by June 1997, following the appointment of a regional adviser. Regional networks are also expected to be in place in the Middle East and Central and Eastern Europe regions by the end of 1997.

15. TSNs will meet regularly over a two- to three-year period and will focus on innovative approaches, undertake research and documentation, and provide support to the country-level programming process, from initial assessment to programme evaluation. Lessons learned will shape the design and content of new child protection programming guidelines, which will serve as a basis for expanding effective programming approaches and facilitate their replication throughout regions and countries.

16. The development of a TSN approach in the area of special protection will require specific approaches and programme-related knowledge for the different types of situations. Consequently, TSNs may consider the establishment of issue-based technical teams to address various priorities. In the Latin American and Caribbean region, for example, a regional TSN on child labour, comprised of UNICEF, the International Labour Organisation (ILO) and its International Programme for the Elimination of Child Labour, and NGO partners has been established.

17. The advisory team in the Programme Division at headquarters, in collaboration with other units in the Division, will continue to support and facilitate regional consultations on the TSN strategy, to facilitate regional TSN initiatives and to identify relevant international partners (organizations, universities, individual experts) for participation in global and regional TSNs. The advisory team will also function as the secretariat for the global TSN, ensure linkages with other sections and task forces on specific issues, share information and arrange for, or provide, technical support to regional and country offices as required.

II. COUNTRY PROGRAMMING

18. The guiding framework of the Convention on the Rights of the Child has influenced how country programmes address special protection issues and subsequent strategies for appropriate programme interventions. With the establishment of new regional adviser posts in South Asia and West Africa, a global team of regional focal points is in place. The advisory team at headquarters has been strengthened with three new posts. Most of the increases in programme funds and posts are supported through increased supplementary funds, but general resources allocated for special protection programmes have also been increasing.

19. Adoption of the policy on special protection measures coincided with a generous contribution of supplementary funding for programme and policy development provided by the Government of the Netherlands and the Dutch National Committee for UNICEF. The availability of these additional resources has provided an impetus for implementation steps.

A. Revision of programming instruments

20. Efforts to introduce a perspective of child-risk assessment, reflecting special disadvantages and situations exposing children to exploitation, abuse or neglect, in new programming guidelines is under way and will be completed by September 1997. Additionally, an analysis of relevant partnerships is crucial, as most special protection measures require partnerships and strategic alliances with Government and civil society. Such guidelines - based on the "triple A approach" of assessment, analysis and action - will be incorporated in the overall revision of the situation analysis, guided by the Convention on the Rights of the Child and in collaboration with the Division of Evaluation, Policy and Planning.

21. The development of tools for the measurement and evaluation of child protection issues is under way, in collaboration with the Division of Evaluation, Policy and Planning, the University of Cambridge and Childwatch International. The joint effort includes a training programme for UNICEF monitoring and evaluation officers. By the end of 1997, it is expected that a core cadre of approximately 50 staff members will possess the new skills. The project also responds to a request by the Committee on the Rights of the Child for technical support in the area of development of child rights indicators.

22. For the development of indicators, monitoring instruments and guidelines specifically related to childhood disability, intersectoral collaboration with the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Department of Humanitarian Affairs have been established. Within UNICEF, relevant sections in Programme Division, along with the Office of Emergency Operations and the Division of Evaluation, Policy and Planning collaborate with the child protection advisory team.

B. Building partnerships for sustainability

23. Establishing linkages with and strengthening the work of relevant partners (national and local governments, other United Nations agencies, international and local NGOs, universities and media, etc.) is the fundamental means of achieving sustainability. Consequently, the reinforcement, or establishment of

partnerships at global, regional and national levels is crucial, e.g., the TSN concept described above. The eventual aim is to institutionalize these networks and partnerships, with the members of these groups and the organizations they represent becoming self-reliant and independent in securing funding for their own programmes.

24. As part of the institutionalization process, it will be important that TSNs form partnerships and maintain open communication with local community-based organizations (i.e., women's groups, youth organizations) to ensure an ongoing dialogue and encourage community ownership and readiness to act at the local level.

25. Ultimately, the goal, as established by the World Summit for Children, is to "tackle the root causes of CEDC" through programmes that lead to universalization of protection and basic services for children. Sustaining such universal services and protection for children will only be achieved with a global transformation based on a full realization of the provisions of the Convention on the Rights of the Child. In order to achieve this transformation, the partnerships UNICEF builds with countries must reach out to involve and empower women and children, especially among the poor, exploited and neglected groups in society. This process must take place at all levels, but most importantly among families and local communities. Increasing their sense of ownership of the problems and understanding of potential solutions that can be applied, as well as the participation of young people and women from hard-to-reach groups, will foster communities that feel empowered both individually and collectively to take action. This is already under way within UNICEF through its renewed commitment to country programming that helps countries themselves to address deeper structural changes through community development and organization of the poor and disadvantaged groups. At the global level, UNICEF has begun to take somewhat bolder stands on serious violations of children's rights. Recent examples include the new Anti-War Agenda, support to the Graça Machel Study on the Impact of Armed Conflict on Children, support of the World Congress Against Commercial Sexual Exploitation of Children and the 1997 State of the World's Children report, which focused on child labour and outlined strategies for action.

26. The main thrust of UNICEF collaboration with countries and partner organizations focuses on the development of methods for assessment, analysis and action (the triple A approach). As these are developed, reflecting the new policy, programming approaches will be improved. Such efforts will facilitate and strengthen the dialogue with Governments on critical aspects of child rights.

27. Partnerships with United Nations agencies and programmes (ILO, UNESCO, the Office of the United Nations High Commissioner for Refugees (UNHCR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations International Drug Control Programme and WHO) have been strengthened in terms of policy coordination and the development of methodological tools and training. With ILO, this has included the development of new legislative instruments, new concept papers and training materials related to child labour. Cooperation with UNHCR focuses on the development of joint policies and training materials for programme interventions. Joint programming approaches are being developed with UNAIDS through the Children in a World of AIDS initiative. The aim is to reduce the impact of HIV/AIDS on children and their families, to strengthen the capacity of children and their families to cope with HIV/AIDS, and to make their

social environments more supportive. Plans are under way to carry out an assessment of the needs of infected children, affected children and all children who have to grow and live in the time of HIV/AIDS. UNICEF and UNAIDS will also identify key partners and successful approaches, especially at community level, and will work with countries to pilot responses to prevent and reduce the impact of AIDS on children, youth and their parents. Other areas of UNICEF collaboration with UNAIDS include full participation in several inter-agency working groups on issues such as especially vulnerable young people, communications, evaluation, gender aspects and school settings, as well as intensive collaboration in preparation for the 1997 World AIDS Day/Year, with the theme being "Children in a World with AIDS".

28. Collaboration with WHO focuses on support to joint training/capacity-building projects, instruments of assessing child abuse and community-based rehabilitation programmes for children with disabilities worldwide. A new joint initiative is under way for the preparation of training materials designed for use in post-conflict situations. It also involves collaboration within the Programme on Substance Abuse/Street Children.

29. Collaboration has also been strengthened with selected NGO partners at country, regional and global locations, with specific emphasis on programme support. Key global partner organizations include Childwatch in the area of measurement and monitoring, the development of child protection indicators and local research; the International Working Group on Child Labour (IWGCL) on methods for children's participation; Radda Barnen and other members of the International Save the Children Alliance (ISCA) and International Catholic Child Bureau in the areas of programme approaches related to youth in crisis and sexual exploitation and trafficking of children; Rehabilitation International and Radda Barnen on prevention and services for children with disabilities; and Defence for Children International (DCI) in the area of juvenile justice and children in conflict with the law.

III. UNICEF ACTIVITIES AND PROGRAMME DEVELOPMENT IN SELECTED SPECIAL PROTECTION AREAS

A. Economic exploitation of children

30. The 1997 State of the World's Children report features child labour as the main theme. The report constitutes a major contribution to the global awareness and understanding of the complexities that surround child labour and also articulates a set of specific actions to be taken as comprehensive solutions. These are immediate elimination of hazardous and exploitative child labour; the provision of free and compulsory education; wider legal protection; birth registration of all children; data collection and monitoring; and codes of conduct and procurement policies. The Letter of Intent between ILO and UNICEF to guide joint efforts of the two organizations opens new possibilities for inter-agency collaboration in this area.

31. Several country initiatives are under way. In Bangladesh, a partnership between the Garment Manufacturers Association, UNICEF and ILO seeks to remove child workers from the garment industry and provide educational opportunities. A number of programmes to eliminate child labour have been launched in India, with increased education budget allocations in 11 states. Pakistan hosted the third South Asian Association for Regional Cooperation ministerial conference on

children, which adopted the Rawalpindi Resolution calling for the elimination of bonded and hazardous child labour by the year 2000. In Brazil, UNICEF supports projects providing education grants, modest "scholarships" for low-income families to compensate from lost income of children who attend school.

32. In order to develop an organizational policy and capacity in the area of child labour, an intersectoral task force has been established. The task force, which includes headquarters and field staff, was instrumental in providing substantive input during the preparation of the State of the World's Children report, and has assigned high priority to capacity-building. A training programme has been developed in collaboration with the International Child Development Centre in Florence and external consultants. The initial phase will prepare 25-30 programme and project officers to oversee the development, planning, implementation and evaluation of child labour activities with a high degree of competence and full cognizance of the complex and interrelated issues involved. The training programme will equip staff with a complete conceptual map of important child labour issues which must be addressed in undertaking new activities or improving existing ones. They will also obtain an up-to-date understanding of global research and experience in this area, acquire general child labour knowledge and skills, and be trained in the use of practical tools for planning and evaluating child labour programmes. The first training workshop is scheduled for June 1997, and the process will be overseen by an advisory committee comprising the task force on child labour and technical experts.

33. In early 1997, the task force on child labour provided support to the Amsterdam Conference on Intolerable Forms of Child Labour through collaboration with IWGCL and input to panel discussions on international instruments on the most intolerable forms of child labour; globalization, liberalization and child labour; and international and regional cooperation.

34. The task force on child labour is currently providing support to the preparatory process in connection with the forthcoming Oslo Conference on Child Labour. Issue papers are being prepared on the role of education with regard to child labour, social and economic policies for the elimination of hazardous and exploitative child work, and social mobilization against child labour from a child rights perspective. Additionally, the overall conference background paper and outcome documents will be prepared jointly with the ILO. Regional consultations will also be arranged prior to the conference.

B. The impact of armed conflict on children

35. UNICEF actions to ensure the protection of children and women in emergencies reflect the perspective of special protection measures in line with the stipulations of the Convention on the Rights of the Child. The detailed operational framework is outlined in the report "Children and women in emergencies: strategic priorities and operational concerns for UNICEF" (E/ICEF/1997/7), endorsed by the Executive Board at its first regular session in January 1997 (E/ICEF/1997/12 (Part I)).

36. The report on "The Impact of Armed Conflict on Children", the result of two years of detailed research under the leadership of Mrs. Graça Machel, was presented to the Third Committee of the United Nations in November 1996. According to the report, 2 million children have died in armed conflicts in the past decade, and three times as many have been seriously injured or permanently

disabled. Many more die as a result of the indirect effects of war, such as the destruction of health centres and water supplies. Many have been forced to witness or even take part in horrifying acts of violence.

37. The report makes a number of recommendations: the banning of the recruitment into the armed forces of children under the age of 18 years; the prosecution of rape and sexual torture as war crimes; the complete ban on the production, use, trade and stockpiling of land-mines; the close monitoring by the international community of the impact of sanctions on children; and a stricter implementation of existing international treaties which protect children and civilians.

38. The Machel study provided the basis for the section related to the protection of children affected by armed conflict within the General Assembly's omnibus resolution on the rights of the child (51/77 of 12 December 1996). That resolution and the Assembly's resolution on the girl child (51/76 of 12 December 1996) were the two major resolutions adopted by the General Assembly under the item "Promotion and Protection of the Rights of the Child", and they provide important platforms for UNICEF and partners in its dialogue with Governments.

39. A UNICEF review of the Machel study has resulted in a series of specific proposals for follow-up: a leadership role for UNICEF in ensuring that the needs and rights of internally displaced children are met through the provision of essential services, protection from harm, psycho-social recovery and social rehabilitation; the promotion of codes of conduct to protect women and girls from sexual violence; and partnership with Radda Barnen/Swedish Save the Children in a global campaign to prevent the recruiting into the armed forces of children under the age of 18 years.

40. A working group on the protection of children affected by armed conflict, comprising staff of the UNICEF Programme Division, the Office of Emergency Programmes, the Division of Communication and the Office of United Nations Affairs and External Relations has been established at UNICEF headquarters. A major undertaking for 1997 will be a joint training initiative in Eastern and Southern Africa with UNHCR and ISCA.

C. Sexual abuse and exploitation of children

41. The World Congress Against Commercial Sexual Exploitation of Children, which gathered representatives of 122 Governments, more than 400 NGO representatives and a large number of intergovernmental organizations, was the culmination of a global mobilization against commercial sexual exploitation of children, initiated by the End Child Prostitution in Asian Tourism (ECPAT) campaign. UNICEF participated in the preparatory process along with the Swedish Host Committee, ECPAT and the NGO Group for the Convention on the Rights of the Child (representing 38 international NGOs). The preparatory process included six regional consultations, facilitated by UNICEF, with Government and NGO participation. A Declaration and Agenda for Action was prepared, circulated and discussed globally prior to the Congress and adopted in Stockholm.

42. The impact of the Congress was reflected in the adoption of the above-mentioned General Assembly resolutions following the Third Committee discussion of the item on the rights of the child. UNICEF participated in discussions with representatives of United Nations missions and provided advice

regarding the various resolutions. In several countries, including Brazil, Costa Rica, Madagascar, Nepal, Thailand, Viet Nam and Zimbabwe, UNICEF is currently providing support to the development and implementation of national plans, including measures in areas such as legal reform, training of law enforcement personnel and implementation of advocacy and rehabilitation programmes. A regional project in the East Asia and Pacific region addressing trafficking of children for sexual purposes continues, with a series of training initiatives targeting relevant government personnel.

43. Programmatic follow-up to the Congress will continue to focus on education, legal reform and training of law enforcement officials, and recovery/reintegration of children subjected to sexual exploitation. Interventions are planned on the basis of a situation assessment at the country level and are complemented by regional/global efforts, as appropriate. At the global level, a strategic alliance has been formed among UNICEF, ECPAT and the NGO Group for the Convention on the Rights of the Child (comprising 38 international NGOs). The group has agreed to function as a global technical support group for the collection and dissemination of information; and project collaboration, including the provision of specific expertise and support to the United Nations Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, and the Committee on the Rights of the Child.

D. Childhood disability

44. Collaboration with relevant United Nations agencies, NGO partners and academic institutions has been strengthened. A number of inter-agency consultations have been undertaken on issues related to capacity-building and management training, community-based rehabilitation, the impact of land-mines, the development of indicators, and assessment tools and guidelines. Similar consultations have been held with NGO partners and universities, including Radda Barnen (Swedish Save the Children), Handicap International, Rehabilitation International, Harvard University and Manchester University. Collaboration with Rehabilitation International is continuing through the "One in Ten" newsletter on childhood disability with worldwide distribution.

45. Emerging concerns in the area of childhood disability include indigenous children with disabilities and children maimed by land-mines. In line with the UNICEF Anti-War Agenda, an animation film on land-mines is being produced. The main messages of the film aim to raise awareness and educate children to prevent injuries and deal with psychological trauma and to facilitate social integration of children in the community for children who are already disabled.

E. Deficient judicial processes/juvenile justice

46. Juvenile justice, an emerging area of concern for UNICEF, is also given high priority by the Committee on the Rights of the Child in its discussions with States Parties. The Committee has also had a thematic discussion on this topic. During the past year, the United Nations Crime Prevention Branch in Vienna and the Centre for Human Rights have initiated a dialogue with UNICEF, and specific guidelines regarding juvenile justice will be developed by the end of 1997.

47. In the Americas and the Caribbean, a regional juvenile justice project is being implemented in close collaboration with the United Nations Latin American Institute for the Treatment of Crime and Treatment of Offenders and DCI focusing

on juvenile justice system reform in several countries. The main activities include technical assistance in drafting new laws and advocacy for legislative reform. Activities of this kind have been supported in Argentina, Belize, Brazil, Chile, Costa Rica, the Dominican Republic, Guyana, Haiti, Paraguay, Peru and Uruguay. The training of police, judges and other relevant personnel categories are being sponsored in many of the above-mentioned countries.

48. Asian countries where UNICEF is providing support to juvenile justice initiatives include Pakistan, where advocacy and research began in 1993, leading to an agreement in 1996 with the National Commission on Child Welfare and Development on law reform and the preparation of training materials for judges, police and others. UNICEF is also involved with juvenile justice initiatives in Viet Nam (in collaboration with Radda Barnen/Swedish Save the Children) and in the Philippines.

49. In Egypt, UNICEF recently published a study on juvenile justice. The Jordan country office is supporting the drafting of new legislation on this issue. In Namibia, UNICEF supported a study on children in prison, which resulted in the creation of a Juvenile Justice Forum, which has undertaken a broader reform of the system for the treatment of juvenile offenders.

F. New country-level project initiatives

50. As a key component of the CEDC policy and programme development 1996/97 project, funded by the Government of the Netherlands and the Dutch National Committee for UNICEF, more than 30 country-level projects have been developed. The projects address specific priority areas, mainly the economic exploitation of children, sexual abuse and exploitation (follow-up to the World Congress Agenda for Action), juvenile justice and childhood disability.

IV. ORGANIZATIONAL SUPPORT

A. Regional centres of technical support

51. Regional child protection advisers or focal points provide direct support to country offices and country programmes. Most regions now have full-time regional advisers, with the recent recruitment of an adviser in West and Central Africa. An adviser is also expected to be appointed in the South Asia region by mid-year. The advisers participate in the preparation and follow-up of country programmes, maintain a close dialogue with CEDC/child protection focal points through regional networks, facilitate network consultations and maintain links with regional NGOs and academic institutions that can be used for additional technical assistance. The advisers also promote intercountry exchanges of experience and expertise and are members of the global UNICEF Child Protection Network.

52. Staff based in regional and country offices provide input into the planning process and contribute to the further development of UNICEF programme strategies in the relevant areas. They interpret the policy on special protection measures in the context of their respective regions and establish priorities in consultation with country office focal points and RMTs. In this connection, yearly consultations of all CEDC/child protection focal points are organized.

B. New York advisory team

Core team in Programme Division

53. The headquarters advisory team has been strengthened with three professionals, focusing specifically on childhood disability, child labour and the impact of armed conflict on children in order to meet new demands in the area of special protection. At present, the team is focusing on providing support as required for the establishment of the regional TSNs, as mentioned above, and for further strengthening of intersectoral linkages. Furthermore, the collection of information, analysis, "peer reviews" and the dissemination of best practices are given priority in the context of programme knowledge acquisition and information exchange. The team has recently established electronic communication links with the Eastern and Southern Africa CPN. Links with other regions are to be in place by mid-1997. The following specific tasks have been identified for 1997:

(a) Programme knowledge acquisition drawing on various centres of knowledge, primarily key partners, experts and research institutions. A first phase, to be completed by June 1997, will include the systematic collection and analysis of information on UNICEF-supported activities and projects in the area of special protection. The second phase, to be completed by September 1997, will focus on the development of criteria for the identification of best practices, with a specific emphasis on child labour, sexual exploitation and childhood disability;

(b) Programme knowledge dissemination, including improved communication mechanisms with regional and country offices, the production of selected publications, and collaboration with key NGOs to develop information exchange systems related to child exploitation, abuse, neglect and flagrant violations of children's rights;

(c) Bulletin board for UNICEF and Internet postings on the UNICEF home page by June 1997;

(d) Development of a basic set of indicators as tools for situation assessment, analysis and monitoring in the form of input to the process of programming guidelines;

(e) Global partnerships, with the team is continuing to strengthen collaboration with relevant global NGO networks such as ISCA, the NGO Group for the Convention on the Rights of the Child, academic institutions and United Nations agencies.

Policy setting

54. UNICEF work in the area of special protection is evolving, and the organization is in a learning mode. As programmatic capacities are strengthened, and building on organization-wide experience gained through specific programmes and partnerships, policy and implementation strategies will be adjusted and enhanced, as required.

Resource mobilization

55. The advisory team proposes criteria for the allocation of both general resources and supplementary funding that can be mobilized and accepted in the area of special protection. A close collaboration has been initiated with the UNICEF Programme Funding Office in this regard, along with an enhanced dialogue on special protection issues with major donors.

V. DRAFT RECOMMENDATION

56. The Executive Director recommends that the Executive Board adopt the following draft recommendation:

The Executive Board,

Having reviewed the report on "Children in need of special protection measures: report on steps for policy implementation" (E/ICEF/1997/16),

Endorses the overall approach for implementing the policy on children in need of special protection measures as contained in the report, taking into account the comments made by delegations at the present session.